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ABSTRACT

This final report documents the accomplishments and activities of the Albuquerque Integration Model (AIM) Outreach Project, designed to stimulate the awareness of parents and health care and education professionals regarding serving young handicapped children in settings which include their nonhandicapped peers. Progress in 14 project objectives is recounted. Research objectives are considered, including a survey of attitudes toward the handicapped; an instrument for making classroom placement decisions (both instruments are presented); analysis of the developmental progress of children enrolled in toddlers', special needs, and integrated classrooms; and examination of the placement process. Extensive appended materials include an agenda for an early childhood special education outreach fair, a parent handbook on integration (Spanish, English, and Native American versions), sample copies of the project newsletter, and a packet for volunteers. (CL)

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Albuquerque Integration Model (AIM) Outreach Project

Final Performance Report
October 1, 1983 - September 30, 1984

Grant Number- G008301508
PR Number- 024BH30054

Albuquerque Special Preschool
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Submitted by:

Gail C. Beam, Ph.D., Project Director

ALBUQUERQUE INTEGRATION OUTREACH PROJECT

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H	Yellow
J	Pink
K	Green

* Contents partially under separate cover

INTRODUCTION

The Albuquerque Integration Model AIM Outreach Project set out to stimulate the awareness of parents, health care and education professionals regarding the advantages of serving young handicapped children in settings which include their nonhandicapped peers. Toward this end, products were developed, field-tested, and utilized to train professionals and to involve parents in the implementation of integrated programs. Extensive training occured in several rural areas of the state and in Albuquerque. A quarterly newsletter was mailed to 500 early childhood programs, health care clinics, parent groups and special education programs throughout the state. Project staff participated in the development of a plan to be presented to the state legislature which recommended lowering the public school age of eligibility to include 3 and 4 year old handicapped children.

Outreach assistance - in the form of awareness information, product dissemination, component training and consultation - was received by HCEEP projects, professionals in attendance at the DEC/HCEEP Conference, health care professionals at the University of New Mexico School of Medicine, community programs serving developmentally disabled preschoolers in New Mexico, the Albuquerque Public Schools, and a number of regular preschool programs in Albuquerque. As anticipated, outreach project staff were able to share knowledge regarding appropriate effective programming for young handicapped children with professionals at the national level and decision makers at the state level. Through statewide and city outreach efforts, high quality programs for young handicapped children were stimulated and replication continued or undertaken in a number of programs.

Substantial progress was made toward the achievement of all the goals and objectives. In several cases, we exceeded the minimum number of handicapped children expected to benefit from outreach assistance. A performance report of each objective has been prepared by project staff (See Section II). In each case, activities have been described, benefits detailed, and recommendations or future plans detailed. Research objectives (#5 and 6) are discussed in a Report of Research which concludes Section II.

Project AIM Outreach received an enthusiastic response at both the state and local levels. Related projects include the development of guidelines for both assessment and mainstreaming of young developmentally disabled children for use by community programs and regular preschool/daycare providers. Numerous requests for technical assistance and training reflect the flexibility and expertise of project staff.

During 1984-85, outreach activities will be expanded by virtue of continued federal support. Several replication efforts will be completed, and several others will be undertaken. Project staff will complete component training for members of a statewide team of health care and diagnostic professionals, in order to stimulate requests for outreach assistance by rural community programs. We will also work with these teams to develop a public awareness campaign to stimulate statewide interest in early intervention. Additional products will be developed to facilitate the training of professionals, paraprofessionals/volunteers and parents. We continue to participate in statewide efforts to lower the age of public school eligibility to include three and four year old disabled children. Legislation to this effect will very likely be introduced in the upcoming 60 day session of the Legislature, January, 1985.

Albuquerque Special Preschool has enjoyed an excellent working relationship with the Office of Special Education and Rehabilitative Services, Handicapped Children's Early Education Program. Both Project and Grants officers have been readily available to assist with project management. Federal support of the activities delineated in this performance report has contributed greatly to the quality of services for young handicapped children in the state of New Mexico.

Objective 1 - Publish a quarterly newsletter designed for parents, daycare and preschool providers of young handicapped children in New Mexico.

Four issues of the newsletter Reach Out, were published from October, 1983 to September, 1984. Topics included: "Getting the Most Out of the Holidays with Your Family", "Overview of Issues that Concern Families with Developmentally Delayed Children", "Siblings of Handicapped Children" and "Transition from Preschool to Public School". A sample of each issue is in Appendix A.

Five hundred copies of each issue were mailed to health care clinics, daycare and Headstart programs, private preschools, parent groups, recreation programs, and individuals throughout the state of New Mexico. Positive feedback concerning Reach Out has been received through personal contacts, phone calls and letters from the readership throughout the year. Project AIM's participation in the Outreach Fair in Baltimore, Maryland resulted in requests for several Maryland programs to be placed on our mailing list.

Individuals receiving Reach Out often make copies of articles for parents and professional groups with whom they are associated. Next year, each issue will contain a response section in the hope that we can assess the total readership accurately, and keep track of this further dissemination.

Objective 2 - Disseminate products of the Albuquerque Integration Model.

Objective 3 - Present data from Albuquerque Integration Model to professional audiences (through regional and national presentation or articles) and/or to the general public (through article in regional or national lay publication).

These objectives will be discussed together, briefly. Actual products and details of presentations are described in later objectives regarding product development and component training or technical assistance. Three videotapes (on the importance of play, the learning environment, and training of volunteers) and a parent handbook on integration were new additions to the list of fourty-eight products available through Project AIM. These products, plus the quarterly newsletter, REACH OUT, have been disseminated at workshops, a display at the 1984 HCEEP/DEC Conference, and upon request. A list of these products, including a brief description of the new ones, was included in the "Integration Series - Albuquerque Public Schools Workshops," Appendix J.

In addition to the workshops described under component training, Project AIM Outreach was invited to participate in a one day Outreach Fair, sponsored by Johns Hopkins University in cooperation with the Maryland State Dept. of Education, Division of Special Education. The Fair took place July 10, 1984 at Johns Hopkins University Homewood Campus in Baltimore.

The purpose of the Outreach Fair was to provide a mechanism for the adoption of quality practices for young handicapped children, birth to five, by local school systems in Maryland. The Outreach Fair satisfied an objective of Maryland's 1983-84 State Implementation Grant (SIG) to provide the basis for program expansion and enhancement.

Project AIM, along with nine nationally recognized early childhood special education projects participated in the Fair. Project AIM presented information in the following areas: research findings on development of the Criteria Checklist; components of AIM integration model, model components essential for replication; model for delivery of services to parents, and levels of parent involvement; overview of technical assistance resources and products available and proposed project activities for 1984-1985.

Project AIM's participation in the Outreach Fair provided interaction with nine nationally recognized early childhood special education projects, dissemination to 21 representatives of Maryland's early childhood/special education providers and generated requests for materials, products and information developed by the project. The agenda is included in Appendix A.

Project Director and Evaluation Consultant are working within the scope of 1984-85 outreach activities on a professional article which could not be completed prior to the analysis of the 1983-84 data, due to a revision in both instruments (the Criteria Checklist and the Attitude Survey), These data are reported at the conclusion of Section II. A lay article may be attempted depending on the success of the professional article.

The summary of impact indicators, October 1, 1983 - September 30, 1984, follows:

Increasing Awareness

Number of persons requesting information and materials (does not include newsletter mailing list)	67
Number of persons visiting demonstration classrooms (includes professionals, university students, faculty and the general public. See Table over page.	272

Product Development/Distribution

Number of single publications available		48
Number of single publications distributed		242
Number of quarterly newsletter distributed		500/quarter
Number of children receiving new/improved services via use of selected materials	Handicapped	177
	Nonhandicapped	1044

Stimulating High Quality Programs

Number of children served at demonstration/continuation site (Type of handicap: varied developmental delays	Handicapped	62
	Nonhandicapped	15
Number of children served by persons receiving criterion training (including awareness and component training work shops)	Handicapped	177
	Nonhandicapped	1044

VISITORS TO ALBUQUERQUE SPECIAL PRESCHOOL

October, 1983 - September, 1984

Parents	57
Professionals	128
University students/faculty	2
General Public	85

Objectives 4 and 13:

Objective 4: - Conduct awareness workshops for professionals, paraprofessionals and daycare providers in New Mexico.

Objective 13:- Provide consultative assistance re: components of high quality early childhood/special education programs and components of the Albuquerque Integration Model.

Consultation and other awareness activities were requested during the year from early childhood and special education programs throughout New Mexico. Interested persons were either mainstreaming handicapped children in a preschool, or were considering that possibility

Workshops were held, based on the number of requests from programs and the availability of project staff. The workshops were scheduled both in Albuquerque and in rural centers, accessible to neighboring towns. Content of the workshops was based on needs identified by program staff through personal interviews or needs assessments. A description of the workshops is listed in Table 1 . Sample agendas are included in Appendix G

Consultation with individuals occurred on an as-needed basis. Approximately 1 day per month was spent consulting with early childhood programs which mainstream handicapped children. Consultation activities included demonstration teaching, meeting with administrators, observing children and teachers, and giving suggestions for teaching strategies.

Feedback from the workshops and consultation indicated that the information was useful and relevant to the participants needs.

Following the training, two early childhood programs in Albuquerque have been targeted for additional training during 1984-1985, and possible future replication. Four special education programs in rural New Mexico have also requested outreach assistance during 1984-1985. These training requests were a result of increased awareness activities by Project AIM Outreach.

TABLE 1

AWARENESS WORKSHOPS

LOCATION: Centro de Amor Headstart Program, Albuquerque, N.M

TITLE: "Demystifying Special Education"

DATE: November 11, 1983

PRESENTERS: Mary Render and Linda Askew

AUDIENCE: Teachers, teacher aides, volunteers

ATTENDANCE: 28 people

LENGTH: 3 hours

****

LOCATION: Albuquerque Special Preschool, Albuquerque, N.M

TITLE: "Implications of Integration"

DATE: November 16, 1983

PRESENTERS: Linda Askew, Mary Render

AUDIENCE: Early childhood professionals and paraprofessionals

ATTENDANCE: 14 people

LENGTH: 3 hours

****

LOCATION: Zia Therapy Center, Alamagordo, N.M

TITLE: "Using the Learning Accomplishment Profile"

DATE: November 16, 1983

PRESENTER: Pat Krchmar-Lilley

AUDIENCE: Special education professionals and paraprofessionals

ATTENDANCE: 14 people

LENGTH: 5 hours

****

LOCATION: Congregational Preschool, Albuquerque, N.M

TITLE: "Normal Cognitive Development"

DATE: February 2, 1984

PRESENTERS Mary Render and Linda Askew

AUDIENCE: Early childhood teachers and teacher aides

ATTENDANCE: 7 people

LENGTH: 2 hours

****

LOCATION: Albuquerque Special Preschool, Albuquerque, N.M

TITLE: "Teaching Strategies - Handicapped and Nonhandicapped Children Learning Together"

DATE: February 9, 1984

PRESENTERS: Mary Render and Linda Askew

AUDIENCE: Early childhood teachers and aides

ATTENDANCE: 20 people

LENGTH: 3 hours

****

LOCATION: Albuquerque Special Preschool, Albuquerque, N.M

TITLE: "Parent Conferencing"

DATE: April 9, 1984

PRESENTERS: Linda Askew and Bobbye Krehbiel

AUDIENCE: Early childhood teachers

ATTENDANCE: 12 people

LENGTH: 2 hours

****

LOCATION: Albuquerque Special Preschool, Albuquerque, N.M

TITLE: "Parents and Teachers: A Two-Way Mirror, Reaching Concensus"

DATE: April 26, 1984

PRESENTERS: Bobbye Krehbiel, Mary Render, Linda Askew

AUDIENCE: Early childhood professionals and paraprofessionals

TITLE: "Parents and Teachers...(Continued)

ATTENDANCE: 14 people

LENGTH: 3 hours

****

LOCATION: Serendipity Day School, Albuquerque, N.M

TITLE: "Normal Cognitive Development"

DATE: May 22, 1984

PRESENTERS: Mary Render and Linda Askew

AUDIENCE: Early childhood teachers

ATTENDANCE: 13 people

LENGTH: 2 hours

****

LOCATION: Portales, New Mexico - Eastern N.M State University

TITLE: "Strategies for Teaching Children with Special Needs"

DATE: April 28, 1984

PRESENTERS: Debbie Maier, Erin Moody-Robinson, Linda Askew

AUDIENCE: Special education administrators, professionals, paraprofessionals

ATTENDANCE: 10 people

LENGTH: 4½ hours

****

LOCATION: Albuquerque Public Schools Central Office, Albuquerque,N.M

TITLE: "Success in Parenting"

DATE: August 14, 1984

PRESENTER: Bobbye Krehbiel

AUDIENCE: Elementary School parent representatives

ATTENDANCE: 22 people

LENGTH: 2 hours

****

LOCATION:	Santa Clara Pueblo, Santa Clara, New Mexico
TITLE:	"Implementing Educational Plans to meet Children's Goals"
DATE:	September 14, 1984
PRESENTERS:	Linda Askew, Nancy Lewis
AUDIENCE:	Teachers, aides, administrators
ATTENDANCE:	22 people
LENGTH:	2 hours

Objective 7 - Produce a series of videotapes in order to illustrate: a) components of the integration model, b) techniques to develop communicative competence; and, c) strategies to facilitate the interactions of handicapped and nonhandicapped children.

The speech pathologist and dissemination assistant attended a video workshop in the Fall, 1983. This provided them with the skills necessary to write, film, and edit videotapes. Preliminary steps to choosing topics for the Outreach tapes included reviewing the components of the integration model and looking at a current list of films and tapes that are available. This was done to prevent duplication of existing products.

The subject of "play" and its relationship to language, motor, and social development was chosen for the first tape. Educational specialists on the Developmental Disabilities Team at Programs for Children (University of New Mexico Medical School), who are particularly knowledgeable about children's play, were consulted. The content for the first videotape was discussed, and a script was written and finalized after several meetings with the consultants. It was titled "What Did You Do At School Today? The Value of Play for Handicapped and Nonhandicapped Children". (See Appendix D for narrative of the tape. One copy of the tape is included under separate cover.)

Children were taped doing a variety of activities that demonstrated the concepts discussed in the production. Dr. Carol Westby, a noted researcher on play, narrated most of the tape. The footage was then edited with music and graphics included. This videotape has been shown at outreach workshops and conferences to approximately sixty-eight people.

A second videotape was produced titled, "Take a Walk on Your Knees: Consider the Child's Learning Environment". An outline of the script was written and given to Dr. Catherine Loughlin, a professor at the University of New Mexico, and a noted expert on the classroom environment and how it affects children's learning and behavior. Her narration of this tape can be found in Appendix D. Children, teachers, and aspects of the classroom were videotaped. The filming focused on concepts presented in the narration. Following editing with music and graphics, the tape will be available for dissemination after October, 1984.

Objective 8 - Translate the Parent Handbook on integration into Spanish, and personalize it (through revision of content and graphics) to Native American communities in Northern New Mexico.

Integration - A Parent Handbook was written by the dissemination assistant in the Fall, 1983, after interviewing teachers and parents about their questions and concerns related to integration. The handbook was written in a question/answer format for ease of reading. Project staff read the text and suggested revisions, and the project director edited the handbook.

The final draft was given to the director of the Pueblo Infant/ Parent Education Project for suggestions on how to make the text more appropriate for the Native American population in Northern New Mexico. He felt the existing text was appropriate, and no changes were made. An artist from San Felipe Pueblo drew a cover illustration to personalize it for these communities. The English text was typeset, and 100 copies were offset-printed with the Native American cover. (See Appendix E.)

The handbook was also translated into Spanish by a consultant well-versed in the local dialect who also works with families all over New Mexico regarding their rights and responsibilities under P.L.94142. She suggested that the Spanish translation would not have a large readership, since people who can read Spanish well are probably bilingual, and thus would be able to read the English version as easily. And, Spanish-speaking persons would very likely be unable to read at the level of the handbook. This problem had not been anticipated. For this reason, the Spanish version is typed, rather than typeset, and was not bound. Copies will be xeroxed and made available upon request (Appendix E).

A second cover was illustrated for the general public by a graphic artist from University of New Mexico (Appendix E). 400 copies were offset-printed in English with this cover. All versions of the handbook will be disseminated starting in October, 1984.

Objective 9 - "Package" volunteer training, tailored to integrated classrooms, for use by the agencies receiving outreach assistance.

VOLUNTEERING.......for fun and non-profit

Volunteers are a priceless resource to human service agencies. Most programs that provide services for children appreciate volunteer involvement because more individual attention can be given to the children. Volunteers help reduce office workload. In addition, volunteers bring unique interests, talents and ideas to the program.

Albuquerque Special Preschool, a private non-profit school for young handicapped children, realizes the payoff of putting energy and planning into a volunteer program. It is also recognized that recruiting and training volunteers is time-consuming. The videotape titled "Volunteering.........for fun and non-profit" was produced as a recruitment tape (Narrative, Appendix F.) It introduces volunteers to some of the services that they can provide in a program for young children. The film was not designed as a training instrument. Rather, it was designed to demonstrate to potential volunteers the expectations and rewards of volunteering. It is hoped that people who volunteer as a result of viewing this videotape will be committed because they have learned more about the process. The accompanying information packet offers ideas for the recruiting organization.

The information packet is geared to facilitate the implementation of a volunteer program. The packet addresses such topics as: Matching volunteer needs and organizational needs, volunteer recruitment, selection and placement of volunteers, evaluation procedures,recognition of volunteers. Sample forms such as an interview form and inventory of interests and skills are included. Each topic is condensed to single-page sheets so that the organization can "pull out" only the material of interest at any point in time (Appendix F).

The videotape and information packet is intended for use primarily as an outreach training tool, but it will be useful to all organizations working with young, developmentally disabled children, preschool programs, daycare programs, and agencies delivering specialized therapies.

Objective 10 - Provide model component training to members of the Developmental Disabilities Team at Programs for Children, University of New Mexico Medical School. (Team includes pediatric dysmorphologists, speech pathologists, psychologist, educational specialist, occupational and physical therapists, nurses, social workers and a nutritionist.)

Project staff provided outreach training to the Developmental Disabilities (D.D.) Team to increase their awareness of good practices for high quality programs, and to make them aware of the components of Project AIM. The D.D. Team performs developmental evaluations throughout much of New Mexico for children birth to 5 years of age. In addition, they are able to do some training and consultation with community program staff regarding appropriate intervention strategies for young disabled children. We anticipated that once they were familiar with the components of the integration model and the capabilities of project staff, they could make appropriate referrals to Project AIM Outreach. Component training occurred over two half day sessions. The first, on November 11, 1983, provided an overview of AIM components, and consultation with the D.D. Team regarding special education /early childhood program needs throughout the state. A second training session, on December 9, 1983 was held, and focused on topic areas determined by input from the previous session. See Appendix G for the agenda and handouts from this session.

The Team was contacted during March, 1984 to determine whether further training was warranted. It was decided that training would be most beneficial if it was done on an individual basis, as needed for a particular special education/early childhood program. As a result of the training with the D.D. Team, four special education programs in rural New Mexico have requested assistance from the

Outreach Project during 1984-1985. Also, a number of Albuquerque preschools (early childhood and special education) have requested assistance. These requests are probably due to a combination of the D.D. Team training and other awareness/dissemination activities conducted by Project AIM Outreach.

Objective 11 - Provide outreach assistance through component training and adoption to rural New Mexico early childhood programs in order to serve a minimum of 30 children in settings which include their nonhandicapped peers.

Agencies selected to receive outreach assistance in 1983-1984 included TRESCO, Inc. (El Valle Preschool), and New Mexico State University (The Dove Learning Center), both in Las Cruces, New Mexico, Las Cumbres Learning Center in Los Alamos, and the All Indian Pueblo Council Headstart Programs throughout New Mexico. Other New Mexico programs which received training in exemplary early childhood/special education practices include the Zia Therapy Center in Alamagordo, and Eight Northern Indian Pueblo Council in San Juan Pueblo, New Mexico. In addition, six early childhood programs from the eastern half of New Mexico, serving over 60 handicapped children, participated in the Albuquerque Special Preschool Project AIM's awareness workshop "Strategies for Teaching Children with Special Needs" during this project period. Information on targeted agencies was collected through the Albuquerque Special Preschool Outreach Site Data Sheet (See Appendix H).

The El Valle Preschool, TRESCO, Inc., have a staff of eight. This includes two teachers, an aide, a handicapped volunteer, an occupational therapist (on a contractual basis), an educational coordinator, and an executive director. The program serves 20 handicapped children, eighteen months through five years of age, with a variety of mild to severe disabilities.

The Dove Learning Center at New Mexico State University consists of five programs which serve a variety of populations (exceptional and normal) through models designed to meet individual student needs. The program receiving technical assistance from Project AIM Outreach employs a Director, 2 teachers, two classroom aides, and utilizes university practicum students from a variety of disciplines. The center serves thirty-nine nonhandicapped preschoolers.

The All Indian Pueblo Council selected two headstart programs with which Project AIM Outreach staff worked directly. These included the headstarts of Zuni and Five Sandoval.

Zuni has a staff of 18, including one director and one health/handicapped coordinator with eight teachers and eight aides. Of the 139 children enrolled, 16 are identified as handicapped.

The headstart of Five-Sandoval includes five separate programs with a total of nine teachers, nine aides, one director and one health/handicapped coordinator. Five-Sandoval contracts out for a part time speech pathologist. Of the 151 children enrolled, 14 are identified as handicapped.

Las Cumbres Learning Center has begun an integrated classroom in conjunction with the American Association of University Women's (A.A.U.W.) Playschool in Los Alamos, replicating Project AIM Outreach Level II classroom. It consists of six handicapped and eleven nonhandicapped children. There are two teachers and one aide as well as an occupational and speech therapist.

The total number of staff served through rural outreach was 104, with 80 handicapped and 510 nonhandicapped children.

All targeted agencies chosen to receive outreach assistance fulfilled the following minimum responsibilities:

1. Completed the Albuquerque Special Preschool Outreach Needs Assessment (See Appendix H.)
2. Participated in introductory workshops designed to familiarize them with the concept of educating handicapped children with their nonhandicapped peers.

3. Completed and signed written agreement delineating objectives, methods, materials, and results (See Appendix H.)
4. Commited staff time to meet with Albuquerque Special Preschool outreach team on a regular basis.
5. Received training in the components of the Albuquerque Integration Model.
6. Evaluated training received by the outreach team.

Agencies commited to adopting the Albuquerque Integration Model, in order to become replication sites, were required to adopt three elements of the curriculum and one other component of the integration model.

The model components embody:

1. Identification and placement of handicapped and nonhandicapped children in integrated programs.
2. The Albuquerque Integration Model Curriculum.
3. The Team approach.
4. Continuum of placement options (from most to least restrictive environment) and recommended ratios for children and staff.
5. Parent involvement.

In 1983-1984, two agencies, El Valle Preschool and the New Mexico State University Dove Learning Center continued their replication of Project AIM and one new program, Las Cumbres Learning Services requested assistance toward replication of the Albuquerque Integration Model.

TRESCO, INC./NEW MEXICO STATE UNIVERSITY

El Valle Preschool, a component of TRESCO, Inc., is a rehabilitation program serving handicapped children and adults in Dona Ana, Sierra and Socorro counties in the southern half of New Mexico. (Appendix H, New Mexico map). El Valle Preschool has been in existence since 1977.

The Dove Learning Center, at New Mexico State University, is a university sponsored program for preschool children. It serves as a teacher-training site and research center for university personnel, and graduate and undergraduate students.

El Valle Preschool and the Dove Learning Center are housed in the same building, located on the New Mexico State University campus. The proximity of these programs led to a combined interest in developing an integrated program with NMSU providing the nonhandicapped preschoolers and El Valle the handicapped children.

El Valle Preschool and NMSU agreed to adopt three elements of the curriculum and at least one other component of the integration model in order to become replication sites. They adopted component one, identification and placement of handicapped and nonhandicapped children in integrated programs; component four, continuum of placement options (from most to least restrictive); as well as three elements of the curriculum: environmental modifications, individualized instruction, and planning in a team.

The integrated program began in August, 1983, after six months of preliminary training, and selection of handicapped children who would be appropriate for the three levels of integrated classes. (See Table 2 , El Valle, TRESCO/MNSU Dove Learning Center Integrated Program).

Followup outreach activities in 1983-1984 involved a two day site visit to Albuquerque Special Preschool's demonstration classrooms, and a workshop on the development of a philosophy and goals for an integrated class (See Appendix H, Agenda). Additional outreach training included parent involvement components; models for transitioning children to the public schools, and communication models.

Outreach activities with NMSU and El Valle were evaluated at the time of workshop activities and through the measurement of goals and objectives as stated on the outreach contract. All objectives were completed by the year end deadline.

LAS CUMBRES LEARNING CENTER

A preschool serving handicapped children 0-5 years of age in Northern New Mexico, has been in existence since 1979, as an expansion of an agency that served developmentally disabled adults since 1971. The primary funding source for Las Cumbres has been the New Mexico Health and Environment Department, Developmental Disabilities Bureau. In 1983, Las Cumbres began a model demonstration project through HCEEP.

The American Association of University Women (A.A.U.W.) Playschool, a nonprofit preschool in Los Alamos serving nonhandicapped children, was selected by Las Cumbres Learning Center to participate in the development of an integrated classroom. The original program to receive Project AIM Outreach assistance was the ARK Preschool also of Los Alamos. After observing and negotiating with both programs, Las Cumbres Learning Center chose to work with A.A.U.W. Playschool, which met the criteria for selection to replicate Project AIM's level II classroom. This class would adopt three elements of the model. These included: identification and placement of handicapped and nonhandicapped children in integrated programs; the Albuquerque Integration Model Curriculum, and the team approach. The Level II classroom serves 15 to 18 children using a 1:2 ratio of handicapped to nonhandicapped children with one early childhood and one special education teacher.

Outreach staff visited A.A.U.W. Playschool and Las Cumbres Learning Center in Los Alamos over a period of four days in 1984. On-site training which began in March and continued through May was designed to meet identified needs of the staff of both schools as well as criteria toward replication. (See Appendix H, Agenda). The integrated classroom opened in June at A.A.U.W Playschool.

The training sessions on March 19 and 20th focused on placement decisions for both handicapped and nonhandicapped children as well as the team approach. Staff members from both schools learned to administer the Criteria Checklist. At this time, Las Cumbres had five children selected for the integrated classroom and was seeking a sixth child. A.A.U.W. Playschool had more requests than spaces for nonhandicapped children. The presentation on the Criteria Checklist raised discussion about placement procedures of the Las Cumbres program in general. The presentation on the team approach encouraged a discussion of time constraints and topics to be discussed at their own team meetings. Las Cumbres and A.A.U.W.Playschool agreed on providing time for the whole team to meet once a month. The outreach staff and the classroom staff also presented information about the Albuquerque Integration Model to prospective parents from both schools.

On May 2nd and 3rd, the outreach staff continued component training with both schools on curriculum, planning, and team meetings. Project staff focused on I.E.P development, planning, methods, strategies for individualizing instruction within large and small groups and data collection techniques. A team meeting was held with all team members and outreach staff. The information presented earlier was used while the team planned for each child based on I.E.P goals.

Evaluation of outreach activities was completed at the time of the workshops and through measurement of goals and objectives as stated on the outreach agreement (See Appendix H). All objectives were completed by the year end deadline. The final outcome was the cooperative integrated program beginning in September, 1984.

ALL INDIAN PUEBLO COUNCIL

Two headstart programs were selected by the All Indian Pueblo Council (A.I.P.C.) to receive outreach assistance through component training. Outreach staff made site visits, provided consultation and workshops designed around assessed needs.

Both programs requested information on methods and strategies to improve their existing integrated classrooms. Headstarts received workshops on giving assessments, writing I.E.P's and on cognitive development. In addition, workshops and consultations provided information on the elements of the curriculum model that focused on strategies to promote interaction among handicapped and nonhandicapped children, planning and individualizing instruction.

Evaluation took place at the time of the workshops, through measurement of goals and objectives stated in the outreach agreement (See Appendix H). Both headstarts are utilizing three elements of Project AIM curriculum model.

TABLE 2

El Valle, TRESCO/NMSU Dove Learning Center Integrated Program

Level I:	5 handicapped, 5 nonhandicapped, Special Education Teacher, Aide
Level II:	5 handicapped, 14 nonhandicapped, Early Childhood Teacher, Aide (trained in special education)
Level III:	5 handicapped, 20 nonhandicapped, Early Childhood Teacher, aide (student in special education/c.c.)

TABLE 3

WORKSHOPS

TITLE: Development of Goals and Curriculum for an Integrated Classroom

LOCATION: Albuquerque Special Preschool

DATE: October 6, 1983

PRESENTERS: Gail C. Beam, Nessa Weinberg, Outreach staff

AUDIENCE: El Valle Preschool/TRESCO,INC., Dove Learning Center/ New Mexico State University

ATTENDANCE: 10 people

LENGTH: 3 hours

****

TITLE: Development and Maintenance of I.E.P's in an Integrated Classroom

LOCATION: Albuquerque Special Preschool

DATE: October 6, 1983

PRESENTERS: Debbie Maier, Darro Breshears-Routon, Peggy Sheldon

AUDIENCE: El Valle Preschool/TRESCO, Inc., Dove Learning Center/ New Mexico State University

ATTENDANCE: 7 people

LENGTH: 2 hours

****

TITLE: Behavior Management - Principals and Problems

LOCATION: Albuquerque Special Preschool

DATE: October 7, 1983

PRESENTERS: Linda Askew, Debbie Maier, Deborah A. McCue

AUDIENCE: El Valle Preschool/TRESCO, Inc., Dove Learning Center/ New Mexico State University

ATTENDANCE: 7 people

LENGTH: 2 hours

****

TITLE: Transition to Public Schools, Conferencing with Parents

LOCATION: Las Cruces, New Mexico

DATE: April 12, 1984

PRESENTER: Mary Render

AUDIENCE: El Valle Preschool/TRESCO, Inc., Dove Learning Center/ New Mexico State University

ATTENDANCE: 4 people

LENGTH: 3 hours

****

TITLE: Normal Cognitive Development

LOCATION: Five-Sandoval Headstart, Sandia Pueblo

DATE: May 29, 1984

PRESENTERS: Nancy Lewis, Linda Askew

AUDIENCE: Five-Sandoval Headstart teachers and aides

ATTENDANCE: 19 people

LENGTH: 3 hours

****

TITLE: Implementing Educational Plans to Meet Children's Goals

LOCATION: Eight Northern Indian Pueblos, Santa Clara Pueblo

DATE: September 18, 1984

PRESENTERS: Nancy Lewis, Linda Askew

AUDIENCE: Eight Northern Headstart teachers and aides

ATTENDANCE: 28 people

LENGTH: 5 hours

****

TITLE: Placing Handicapped and Nonhandicapped Children in an Integrated Setting

LOCATION: A.A.U.W. Playschool, Los Alamos, New Mexico

DATE: March 19, 1984

PRESENTERS: Linda Askew, Debbie Maier

AUDIENCE: Las Cumbres/A.A.U.W. Integrated Classroom staff

ATTENDANCE: 6 people

LENGTH: 3 hours

TITLE: Special Education and Early Childhood - "Making it Work Together"

LOCATION: A.A.U.W. Playschool, Los Alamos, New Mexico

DATE: March 20, 1984

PRESENTER: Linda Askew, Debbie Maier

AUDIENCE: Las Cumbres/A.A.U.W. Integrated Classroom staff

ATTENDANCE: 6 people

LENGTH: 3 hours

****

TITLE: Planning for an Integrated Classroom

LOCATION: Las Cumbres/A.A.U.W. Integrated Classroom staff

DATE: May 2, 1984

PRESENTERS: Linda Askew, Peggy Sheldon

AUDIENCE: A.A.U.W./Las Cumbres Integrated Classroom staff

ATTENDANCE: 6 people

LENGTH: 4 hours

****

TITLE: Curriculum in an Integrated Classroom

LOCATION: Las Cumbres Learning Center, Los Alamos, New Mexico

DATE: May 3, 1984

PRESENTERS: Peggy Sheldon, Linda Askew

AUDIENCE: A.A.U.W./Las Cumbres Integrated Classroom staff

ATTENDANCE: 6 people

LENGTH: 5½ hours

****

TITLE: Indepth Diagnostic Reports

LOCATION: Pueblo of Zuni

DATE: August 15, 1984

PRESENTERS: Pat K. Lilley, Linda Askew

AUDIENCE: Zuni Headstart staff

ATTENDANCE: 15 people

LENGTH: 5½ hours

TITLE: Developmental Indicators - For the Assessment of Learning

LOCATION: Five-Sandoval Headstart, Sandia Pueblo

DATE: August 27, 1984

PRESENTERS: Pat K. Lilley, Linda Askew

AUDIENCE: Five-Sandoval Headstart teachers and aides

ATTENDANCE: 19 people

LENGTH: 6 hours

****

TABLE 4

DIRECT TRAINING

TYPE OF TRAINING: Site visit/Consultation

LOCATION: A.A.U.W. Playschool, Los Alamos, New Mexico

DATE: March 19, 1984

PRESENTERS: Debbie Maier and Linda Askew

AUDIENCE: A.A.U.W. staff in integrated classroom

ATTENDANCE: 3 people

LENGTH: 3 hours

****

TYPE OF TRAINING: Site visit/Consultation

LOCATION: Las Cumbres Learning Center, Los Alamos, N.M

DATE: March 20, 1984

PRESENTERS: Debbie Maier and Linda Askew

AUDIENCE: Las Cumbres team staff of integrated classroom

ATTENDANCE: 4 people

LENGTH: 3 hours

****

TYPE OF TRAINING: Consultation to Parents

LOCATION: Sandia Pueblo

DATE: September 18, 1984

PRESENTER: Linda Askew

AUDIENCE: Sandia Pueblo Headstart Parents

ATTENDANCE: 15 people

LENGTH: 1½ hours

TABLE 5

Rural Outreach Target Agency Staff Information

Rural Outreach Site	Type of Staff	Total
Five Sandoval Headstart	Professional Personnel (excluding teachers)	2
	Teachers	9
	Paraprofessional Personnel (P.P.)	9
Zuni Headstart	Professional Personnel	2
	Teachers	8
	P.P.	8
Eight Northern Indian Pueblos Headstart	Teachers	12
	P.P.	12
Las Cumbres/A.A.U.W Integrated Classroom	Teachers	3
Portales (awareness)	Professional Personnel	2
	Teachers	9
	P.P.	10
El Valle,TRESCO/Dove Learning Center,N.M.S.U	Teachers	5
	P.P.	2
	TOTAL	104

TABLE 6

Rural Outreach Target Agency-Children Served

Rural Outreach Site		Total
5 Sandoval Headstart	Handicapped	14
	Nonhandicapped	137
Zuni Headstart	Handicapped	16
	Nonhandicapped	123
8 Northern Pueblos (Awareness)	Handicapped	24
	Nonhandicapped	196
Las Cumbres/A.A.U.W.	Handicapped	6
	Nonhandicapped	15
El Valle,TRESCO/Dove Learning Center,N.M.S.U	Handicapped	20
	Nonhandicapped	39
	TOTAL Handicapped	80
	TOTAL Nonhandicapped	510

TABLE 7

HOURS OF TRAINING

Rural Outreach Site	Number of Hours
All Indian Pueblo Council	
Acoma	-0-
Five Sandoval	10½
Zuni	5½
Eight Northern Pueblos	5
Las Cumbres/A.A.U.W	21½
Portales (Awareness)	4½
El Valle, TRESCO/Dove Learning Center, N.M.S.U	25

Objective 12 - Provide outreach assistance through component training and model adoption to Albuquerque Public Schools' kindergarten and first grade special education/early education program staff, serving 96 handicapped children in integrated settings.

Initially, the Project staff had planned to work directly with the Albuquerque Public Schools' kindergarten and first grade special education/early childhood education (SEED) staff who taught in integrated classrooms. This was to include component training workshops, evaluation of current replication classrooms and assessment of model component adoption. However, Albuquerque Public Schools' administration was unable to provide funding for staff to have time away from the classrooms to attend Outreach meetings and workshops during the 1983-1984 school year. Therefore, an alternative form of Outreach assistance was planned in cooperation with the Albuquerque Public Schools' early childhood/special education coordinators.

A workbook was produced for Albuquerque Public Schools' staff that outlines training in the Albuquerque Integration Model components. It provides agendas, timelines, lecture notes, handouts and hands-on activities from a series of Outreach workshops given to Albuquerque Public Schools' personnel in 1981-1982 (Appendix J). We decided on the workbook format for several reasons:

1) Many Albuquerque Public Schools' staff members trained in Project AIM, are still working in the same integrated settings. A workbook detailing their training would serve as a good resource for these people; 2) a goal for the recipients of outreach training is that they will eventually be able to train their own staff. The workbook would provide the basis for this training. Finally, a workbook can be easily updated and utilized.

The integration workbook will be given to two original staff members of the Albuquerque Public Schools' S.E.E.D programs, the North Area Early Childhood Specialist and the North Area Special Education Coordinator. There are nine integrated classrooms, serving approximately 72 handicapped children, ages 5 to 12 years, in the North Area. We anticipate that use of this workbook by SEED staff will have an impact on all 72 children.

Objective 14 - Assist in the dissemination and study of the New Mexico Plan for Services for Developmentally Disabled Young Children.

The primary purpose of this objective was to influence decision-makers to plan and implement more effective and comprehensive services for young disabled children in New Mexico. Initially, we planned to do this primarily through the dissemination of the state plan for early intervention; but, the activities broadened in scope and may result in greater benefits than originally foreseen. These include the dissemination of the plan, assistance to the Legislative Education Study Committee, and the development of supplements to the plan. These will be detailed under Objective 14.

The state plan, entitled, THE EARLY YEARS: A PLAN FOR NEW MEXICO'S DEVELOPMENTALLY DISABLED CHILDREN, was completed in June, 1983. It has been disseminated by the New Mexico Developmental Disabilities Planning Council which sponsored its development, by Parents Reaching Out, a parent support group, and the New Mexico Protection and Advocacy System. Recipients of the document include a total of 100 state legislators, service providers and parents.

The Early Years was used by the Legislative Education Study Committee (LESC), a joint House-Senate committee of New Mexico legislators for the purpose of studying the feasibility and ramifications of lowering the school age to include three to five year old developmentally disabled children. A staff member of the LESC, Dr. Bill Simpson organized an Ad Hoc Committee to study the issues regarding lowering the school age. Deborah McCue, State Outreach Coordinator, served as a member of this committee. Other members on the committee included representatives from the New Mexico Department of Education, public school special education personnel, Developmental Disabilities Bureau (Health and Environment Department), Developmental Disabilities Planning Council, Human Services

Department and several parents. Dr. Simpson, in conjunction with the committee recommended the lowering of the school age to the age of 3, and described a comprehensive continuum of services. On September 28, 1984 the LESC accepted the report and its findings. (See Appendix K for a copy of the Ad Hoc committee report.) In November, 1984, the LESC will determine whether to sponsor legislation to this effect in the 1985 Legislative session.

The state plan assistant, Pat Krchmar Lilley, prepared a supplement to the plan entitled "A Study of Mainstreaming Options for New Mexico" (Appendix K). This supplement was funded in part by the New Mexico Developmental Disabilities Planning Council, and delineates a continuum of early childhood/special education services in the least restrictive environment. It includes recommendations for training/technical assistance for special educators, early childhood and daycare personnel for the provision of quality services to young handicapped children.

Ongoing legislative awareness activities will be continued. In addition, the Developmental Disabilities Bureau of the New Mexico Health and Environment Department has expressed interest in using the guidelines to implement the Preschool Incentive Grant.

Objectives 5 and 6

Objective 5 - Revise Albuquerque Integration model Criteria for Placement of Handicapped Children in Integrated/Mainstream settings.

Objective 6 - Complete work on Parent Attitude Survey (PAS) to assess positive, realistic attitude changes about handicapped individuals.

A full discussion of how these objectives were met follows in the "Report of Research, 1983-1984." Supporting Material for Objective 5 has been included in Appendix B (Criteria Checklist, Classroom Goals, etc.). The Attitude Survey is in Appendix C.

REPORT OF RESEARCH 1983-84

Introduction

There were several research objectives during 1983-1984 for the Albuquerque Integration Model (AIM) Outreach project at the Albuquerque Special Preschool. First, a survey of attitudes towards the handicapped was developed and piloted. The preliminary results from this survey suggested that there were several revisions to make in the instrument before adiministering it to a large sample.

Second, the instrument developed by the Preschool staff for making classroom placement decisions, the Criteria Checklist, was revised, and reliability and validity studies were performed. The Criteria Checklist had high reliability and validity and is now considered to be in its final form, although, in the future, additional analyses may be performed to describe empirically the content of this instrument.

Third, the developmental progress of children enrolled in toddlers, special needs, and integrated classrooms was reported. Pretest and postest performance on the Criteria Checklist and three developmental instruments was analyzed and the results indicated that, on the average, children made satisfactory or excellent progress during the school year.

Fourth, the placement process at the Preschool was analyzed empirically in order to objectify the process and determine the success of classroom placement decisions. The results from these analyses were most encouraging and suggested that classroom placement decisions based on two of the four instruments utilized for placement decisions led to a high degree of successful placements.

Finally, a second component of the classroom placement process was to describe the focus of various classroom settings by relating it to the primary and secondary goals that were established for each child at the beginning of the school year. The preliminary findings suggested developmental areas that tended to be emphasized more in some classroom placements than in others. However, due to the small sample size, this research should continue, in order to provide a more reliable and detailed analysis of classroom structures. The following report details the rationale, methods, and results for these five research objectives during this school year period.

Attitude Survey: Preliminary Findings

Some members of society have the pervading attitude that a handicapping condition makes a person different in many aspects of life unrelated to the handicap itself. This attitude has been found to be most prevalent among individuals who have had little contact with handicapped people, but also may exist, for instance, even among parents of a handicapped child. Because of the increasing importance placed upon integrating the handicapped into society, it is useful to explore existing attitudes about handicapped people. Understanding a community's reaction toward the handicapped may facilitate integration and normalization. Moreover, knowledge of parents attitudes may assist professionals in counseling parents and, perhaps, in providing useful information about a child's progress through a program. For these reasons, the staff at the Albuquerque Special Preschool designed an instrument to assess attitudes toward the handicapped.

Method

In the initial stages of the attitude survey development, attitudes were more broadly defined to include statements assessing knowledge about handicapping conditions. During 1982-1983, ninety-three (93) survey items were developed through a review of literature and existing surveys. In addition, an informal survey was conducted of parents and professionals at the Albuquerque Special Preschool and of students and faculty at the University of New Mexico about common attitudes toward the handicapped. From the 93 survey items, 75 items were selected for the current pilot study. (For more details about how items were selected, see the 1982-1983 report of research.)

Since some studies have suggested that agreement with a survey statement may depend upon the type of handicapping condition that the statement refers to, each survey item required a response to four different handicapping categories: physically impaired, language delayed/learning disabled, emotionally/behaviorally disordered, and mentally retarded. For each survey item, respondents rated on a six point Likert scale (ranging from 1=disagree strongly to 6=agree strongly) the extent to which they agreed with each statement. Appendix I contains the pilot attitude survey.

The sample for the pilot test of the attitude survey consisted of parents and staff from the Albuquerque Special Preschool and community members. A Total of 53 people participated in the survey although some participants did not respond to all survey items. The average age of survey participants was 33 years (standard deviation= 6 years). Table I shows that the majority of survey participants were female (90.4%) and parents of handicapped (30.8%) or nonhandicapped (23.1) children or both (13.5%). Participants also were primarily housewives (36.7%) or educators (38.8%) and indicated that their income was less than $20,000 a year (61.6%).

Results

Survey items were selected to assess attitudes about handicapping conditions and how they related to the following: community concerns, educational issues, nonhandicapped children, the etiology of a handicap, personal characteristics of the handicapped, skills of the handicapped, and the development of a handicapped child. Table 2 provides a listing of the attitude classifications and their corresponding survey items.

The extent to which items within a classification were related (i.e., internal consistency) was assessed by Chronbach's alpha. These alpha coefficients should be interpreted cautiously since the sample size was small, and, in several cases, the number of items contained in an attitude classification was small. Table 2 shows that the alpha coefficients for all classifications, except etiology (alpha-.56) and development (alpha=.41), were moderate (.64) to high (.84). This finding suggested that the classifications were appropriate, although, further research with larger sample sizes is needed. An alpha of .95 was obtained for all items in the survey, suggesting that the entire survey instrument was internally consistent.

Table 3 presents the mean and median Likert scale scores for each survey item as a function of handicapping condition. In general, this table reveals that the mean and median ratings of survey items did not vary as a function of handicapping condition. (Exceptions to this statement were items 1, 4, 9, 10, 11, and 72.) This finding suggested that most of the survey items were answered similarly for each handicapping category. Thus, the inclusion of handicapping categories for each survey item was not justified, in general, by the findings from this pilot survey.

Discussion

The results from the pilot survey showed two principal findings. First, the reliability analyses showed that the entire survey instrument was internally consistent and that survey items could be classified into at least five of the seven categories that assessed attitudes about the handicapped. The latter finding was interpreted cautiously since the number of survey participants was small and, in some cases, the number of items per attitude classification was small. Further research is needed to establish the internal consistency of these attitude classifications of survey items.

Second, in general, the results from the mean and median Likert scale scores indicated that survey participants did not discriminate among handicapping categories when responding to items. This finding suggested that attitudes toward the handicapped were similar regardless of the type of handicapping condition. In view of this finding, the instrument could be shortened considerably if the handicapping categories were removed from each survey item and statements applied to handicapped people in general. Alternatively, this survey could be designed such that the instructions explain what type of handicapping condition is the focus of the survey statements. For purposes of the Albuquerque Special Preschool, for example, perhaps mentally retarded (mild to moderate) individuals would be the handicapped group of most interest for the attitude survey. The approach of specifying in the survey instructions the type of handicap that is the focus of the survey not only decreases the length of the instrument but has added advantage of removing any ambiguity about the definition of handicapped. Further, this approach would extend the usefulness of the survey since organizations or agencies could focus on any type of handicapped group depending on their own concerns.

To summarize, based on the findings from this pilot study, a final version of the survey will be developed and administered during 1984-1985. This version of the survey will be shortened by excluding the handicapping categories that were associated with each item in the pilot study. Moreover, several items may also be omitted due to redundancy with other items and, again, to reduce the length of the survey. The survey will be administered to a large sample in order to obtain reliable estimates of the internal consistency of all survey items and cassifications of items.

TABLE 1

Background characteristics of pilot attitude survey participants. *

GENDER	n	%
Male	5	9.6
Female	47	90.4
TOTAL	52	100.0

PARENTAL STATUS	n	%
Parent of nonhandicapped child(ren)	12	23.1
Parent of handicapped child(ren)	16	30.8
Parent of handicapped and nonhandicapped child(ren)	7	32.7
Not parent	17	32.7
TOTAL	52	100.0

OCCUPATION	n	%
Student	3	6.1
Housewife	18	36.7
Educator	19	38.8
Industrial	3	6.1
Administrator	4	8.2
Artist	1	2.0
Sales	1	2.0
TOTAL	49	100.0

INCOME	n	%
Less than $10,000	12	25.5
$10,000-15,000	12	25.5
15,000-20,000	5	10.6
20,000-25,000	2	4.3
25,000-30,000	6	12.8
Over $30,000	10	21.3
TOTAL	47	100.00

* The total number of respondents varies depending on the background variable since some participants did not respond to all the questions about background information.

TABLE 2

Attitude classifications and their corresponding survey items.

ATTITUDE CLASSIFICATION	ALPHA	SURVEY ITEM NUMBER
Community concerns	.84 (n=35)	1, 21, 22, 30, 31, 32, 33, 34, 35, 37, 40, 41, 42, 43, 44, 47, 61, 62, 63.
Educational issues	.81 (n=40)	48, 49, 51, 52, 53, 54, 57, 60, 64, 66, 72, 75.
Nonhandicapped children	.67 (n=40)	50, 55, 56, 58, 69, 70, 71, 73, 74, 75.
Etiology	.56 (n=46)	3, 28, 36, 38, 39
Personal characteristics	.64	2, 6, 7, 8, 9, 18, 19, 20, 23, 26, 67, 68
Skills	.81 (n=40)	4, 10, 11, 12, 13, 14, 16, 17, 24, 25, 45, 46, 59.
Development	.41 (n=40)	5, 15, 27, 29, 65
11 survey items	.95 (n=25)	

a. Chronbach's standardized item alpha was calculated for items contained in each attitude classification and for all seventy-five (75) survey items.

b. Survey item numb er 75 was included in both educational and nonhandicapped children attitude classifications since this item was related to both of the attitude concepts.

Table 3. Mean and median Likert scale scores for each survey item as a function of handicapping category.

	Mean	Median
1) Handicapped people can be dangerous to society.		
Physically Impaired	1.7	1
Language delayed/learning disabled	1.7	1
Emotionally/behaviorally disordered	3.0	3
Mentally Retarded	1.7	1
2) Handicapped individuals are clean.		
Physically Impaired	4.8	5
Language delayed/learning disabled	4.9	5
Emotionally/behaviorally disordered	4.7	5
Mentally Retarded	4.7	5
3) Handicapped individual's disabilities are contagious.		
Physically Impaired	1.1	1
Language delayed/learning disabled	1.1	1
Emotionally/behaviorally disordered	1.1	1
Mentally Retarded	1.2	1
4) Handicapped individuals require assistance in feeding and toileting.		
Physically Impaired	3.9	4
Language delayed/learning disabled	2.1	2
Emotionally/behaviorally disordered	2.9	3
Mentally Retarded	3.6	4
5) The earlier the intervention, the better the chance of a handicapped child achieving his/her potential.		
Physically Impaired	5.8	6
Language delayed/learning disabled	5.7	6
Emotionally/behaviorally disordered	5.7	6
Mentally Retarded	5.8	6
6) Handicapped individuals are friendly.		
Physically Impaired	4.9	5
Language delayed/learning disabled	4.9	5
Emotionally/behaviorally disordered	4.4	4
Mentally Retarded	5.0	5

	Mean	Median
7) Handicapped individuals have a poor self concept.		
Physically Impaired	3.1	3
Language delayed/learning disabled	3.1	3
Emotionally/behaviorally disordered	3.1	3
Mentally Retarded	2.7	2
8) Handicapped individuals are more willing to please than nonhandicapped individuals.		
Physically Impaired	3.5	4
Language delayed/learning disabled	3.6	4
Emotionally/behaviorally disordered	3.3	3
Mentally Retarded	3.7	4
9) Handicapped individuals are not in control of their emotions.		
Physically Impaired	1.9	2
Language delayed/learning disabled	2.0	2
Emotionally/behaviorally disordered	3.9	4
Mentally Retarded	2.6	2
10) Handicapped individuals are not able to live independently and care for themselves.		
Physically Impaired	1.9	2
Language delayed/learning disabled	1.7	1
Emotionally/behaviorally disordered	2.7	3
Mentally retarded	2.4	2
11) Handicapped people are not very intelligent.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.7	1
Emotionally/behaviorally disordered	1.7	1
Mentally Retarded	3.0	3
12) Handicapped people are delayed in all cognitive, social and self help skills.		
Physically Impaired	1.6	1
Language delayed/learning disabled	1.8	1
Emotionally/behaviorally disordered	2.0	1
Mentally Retarded	2.4	2

	Mean	Median
13) Handicapped people are not always delayed in social skills.		
Physically Impaired	5.2	5
Language delayed/learning disabled	5.1	5
Emotionally/behaviorally disordered	4.6	5
Mentally Retarded	5.0	5
14) Handicapped individuals can develop normal self help skills.		
Physically Impaired	5.1	5
Language delayed/learning disabled	5.4	5.5
Emotionally/behaviorally disordered	5.3	5
Mentally retarded	5.2	5
15) A handicapped child who can move about or interact with the environment will learn more rapidly.		
Physically Impaired	5.5	6
Language delayed/learning disabled	5.5	6
Emotionally/behaviorally disordered	5.4	6
Mentally retarded	5.4	6
16) Handicapped adults can take public transportation by themselves.		
Physically Impaired	5.5	5
Language delayed/learning disabled	5.1	5
Emotionally/behaviorally disordered	4.8	5
Mentally retarded	4.7	5
17) A handicapped person who looks normal is less impaired intellectually.		
Physically Impaired	1.9	2
Language delayed/learning disabled	1.8	2
Emotionally/behaviorally disordered	1.8	2
Mentally retarded	1.9	1
18) A handicapped child who looks normal will develop more normally.		
Physically Impaired	2.4	2
Language delayed/learning disabled	2.3	2
Emotionally/behaviorally disordered	2.3	2
Mentally retarded	2.4	2

	Mean	Median
19) Handicapped people have the same feelings as nonhandicapped people.		
Physically Impaired	5.4	6
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.3	6
Mentally retarded	5.3	6
20) Handicapped people should be treated as "special" and not like other people.		
Physically Impaired	2.0	2
Language delayed/learning disabled	1.9	1.5
Emotionally/behaviorally disordered	2.0	1.5
Mentally retarded	2.0	2
21) Handicapped people can be useful to society.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.4	6
Mentally retarded	5.5	6
22) Handicapped people are happier when they are sheltered from the outside world.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.4	1
Emotionally/behaviorally disordered	1.6	1
Mentally retarded	1.5	1
23) People should be less strict with handicapped individuals and treat them as "special."		
Physically Impaired	1.9	1
Language delayed/learning disabled	2.0	2
Emotionally/behaviorally disordered	1.9	2
Mentally retarded	1.9	2
24) Handicapped people can develop friendships with nonhandicapped people.		
Physically Impaired	5.7	6
Language delayed/learning disabled	5.7	6
Emotionally/behaviorally disordered	5.7	6
Mentally retarded	5.7	6

	Mean	Median
25) Handicapped people do not need constant supervision.		
Physically Impaired	4.7	5
Language delayed/learning disabled	4.9	5
Emotionally/behaviorally disordered	4.3	4
Mentally retarded	4.3	4
26) Handicapped people do not try hard enough.		
Physically Impaired	1.5	1
Language delayed/learning disabled	1.4	1
Emotionally/behaviorally disordered	1.6	1
Mentally retarded	1.4	1
27) Social development can be delayed in handicapped people because of limited opportunities for contact with nonhandicapped peers.		
Physically Impaired	5.2	5
Language delayed/learning disabled	5.1	5
Emotionally/behaviorally disordered	5.2	5
Mentally retarded	5.1	5
28) Parents of handicapped children are often "defective" people themselves.		
Physically Impaired	1.1	1
Language delayed/learning disabled	1.1	1
Emotionally/behaviorally disordered	1.2	1
Mentally retarded	1.2	1
29) Physicians are the best source of information regarding a handicapped child's disabilities and developments.		
Physically Impaired	2.6	2
Language delayed/learning disabled	2.3	2
Emotionally/behaviorally disordered	2.3	2
Mentally Retarded	2.3	2
30) Respite care can be appropriate for handicapped individuals.		
Physically Impaired	4.8	5
Language delayed/learning disabled	4.7	5
Emotionally/behaviorally disordered	4.9	5
Mentally Retarded	5.0	5

	Mean	Median
31) Parents of severely handicapped children are usually less well-adjusted than parents of mildly handicapped children.		
Physically Impaired	1.8	2
Language delayed/learning disabled	1.9	2
Emotionally/behaviorally disordered	1.9	2
Mentally Retarded	1.8	2
32) Parents of handicapped children need more emotional support than parents of nonhandicapped children.		
Physically Impaired	4.8	5
Language delayed/learning disabled	4.8	5
Emotionally/behaviorally disordered	4.9	5
Mentally Retarded	4.9	5
33) It can be a greater financial burden for a family to support a handicapped child than a nonhandicapped child.		
Physically Impaired	5.3	5
Language delayed/learning disabled	5.2	5
Emotionally/behaviorally disordered	5.2	5
Mentally Retarded	5.2	5
34) Parents of handicapped children require more access to community resources than parents of nonhandicapped children.		
Physically Impaired	5.0	5
Language delayed/learning disabled	5.0	5
Emotionally/behaviorally disordered	5.0	5
Mentally Retarded	4.9	5
35) Having a handicapped child can place additional stress on a marriage.		
Physically Impaired	5.1	5
Language delayed/learning disabled	5.1	5
Emotionally/behaviorally disordered	5.1	5
Mentally Retarded	5.1	5
36) Parents are not the "cause" of their childs' handicapping condition.		
Physically Impaired	5.5	6
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.2	6
Mentally Retarded	5.6	6

	Mean	Median
37) Parents of handicapped children are no different from parents of nonhandicapped children.		
Parents of physically impaired	5.0	5
Parents of language delayed/ learning disabled	5.0	5
Parents of emotionally/ behaviorally disordered	5.0	5
Parents of mentally retarded	5.0	5
38) Handicapping conditions usually develop because of poor prenatal care.		
Physically Impaired	2.0	2
Language delayed/learning disabled	1.9	2
Emotionally/behaviorally disordered	1.9	2
Mentally Retarded	2.0	2
39) Parents who have a handicapped child can have more children who do not have handicapping conditions.		
Physically Impaired	5.4	6
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.4	6
Mentally Retarded	5.3	6
40) Handicapped people are the reponsibility of parents and institutions.		
Physically Impaired	2.6	2
Language delayed/learning disabled	2.6	2
Emotionally/behaviorally disordered	2.7	3
Mentally Retarded	2.6	3
41) Handicapped people should be integrated into the community.		
Physically Impaired	5.5	6
Language delayed/learning disabled	5.5	6
Emotionally/behaviorally disordered	5.2	5
Mentally Retarded	5.4	5
42) Handicapped adults can be productive, reponsible members of a community.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.2	5
Mentally Retarded	5.4	6

	Mean	Median
43) Handicapped adults cannot enter into marriage.		
Physically Impaired	1.5	1
Language delayed/learning disabled	1.5	1
Emotionally/behaviorally disordered	2.1	2
Mentally Retarded	2.1	2
44) Society has the reponsibility of providing opportunities for handicapped individuals to develop as normally as possible.		
Physically Impaired	5.4	6
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.3	6
Mentally Retarded	5.3	6
45) Some handicapped adults can live by themselves.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.1	5
Mentally Retarded	5.1	5
46) Some handicapped adults can support themselves financially.		
Physically Impaired	5.5	6
Language delayed/learning disabled	5.5	6
Emotionally/behaviorally disordered	5.1	5
Mentally Retarded	5.1	5
47) It is less of an economic strain on society for handicapped people to live in the community rather than in an institution.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.5	6
Mentally Retarded	5.6	6
48) Many handicapped children can be placed in a public school setting with other nonhandicapped children.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.2	6
Mentally Retarded	5.5	6

	Mean	Median
49) Handicapped children can benefit from contact with nonhandicapped peers.		
Physically Impaired	5.7	6
Language delayed/learning disabled	5.7	6
Emotionally/behaviorally disordered	5.6	6
Mentally Retarded	5.6	6
50) Nonhandicapped children are adversely affected by handicapped children.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.4	1
Emotionally/behaviorally disordered	1.5	1
Mentally Retarded	1.4	1
51) Handicapped children can learn from nonhandicapped children.		
Physically Impaired	5.7	6
Language delayed/learning disabled	5.7	6
Emotionally/behaviorally disordered	5.7	6
Mentally Retarded	5.6	6
52) Integration of handicapped and nonhandicapped children prepares the handicapped for the real world.		
Physically Impaired	5.4	5
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.4	5
Mentally Retarded	5.4	5
53) Regardless of their level of ability, the best educational setting for handicapped children usually is in traditional special education classes.		
Physically Impaired	2.1	2
Language delayed/learning disabled	2.2	2
Emotionally/behaviorally disordered	2.4	2
Mentally Retarded	2.4	2
54) The use of sign language can facilitate language development in the handicapped.		
Physically Impaired	4.8	5
Language delayed/learning disabled	5.3	6
Emotionally/behaviorally disordered	4.8	5
Mentally Retarded	5.1	5

	Mean	Median
55) Nonhandicapped children develop at a slower rate when handicapped children are in the same classroom setting.		
Physically Impaired	1.5	1
Language delayed/learning disabled	1.6	1
Emotionally/behaviorally disordered	1.7	1
Mentally Retarded	1.7	1
56) Nonhandicapped children learn bad habits from handicapped children.		
Physically Impaired	1.7	1
Language delayed/learning disabled	1.7	1
Emotionally/behaviorally disordered	1.8	1
Mentally Retarded	1.8	1
57) Handicapped children do not receive individual attention and instruction when they are in a classroom with nonhandicapped children.		
Physically Impaired	2.2	2
Language delayed/learning disabled	2.3	2
Emotionally/behaviorally disordered	2.3	2
Mentally Retarded	2.3	2
58) Nonhandicapped children reject handicapped children.		
Physically Impaired	2.5	2
Language delayed/learning disabled	2.4	2
Emotionally/behaviorally disordered	2.5	2
Mentally Retarded	2.5	2
59) Handicapped people cannot read.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.6	1
Emotionally/behaviorally disordered	1.6	1
Mentally Retarded	1.8	2
60) Special education is primarily for custodial or maintenance purposes.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.3	1
Emotionally/behaviorally disordered	1.4	1
Mentally Retarded	1.4	1

	Mean	Median
61) Financial resources could be used more productively than to support the education of severely handicapped children.		
Physically Impaired	1.5	1
Language delayed/learning disabled	1.5	1
Emotionally/behaviorally disordered	1.5	1
Mentally Retarded	1.5	1
62) It is important to adapt public facilities for the handicapped.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.3	6
Emotionally/behaviorally disordered	5.2	6
Mentally Retarded	5.2	6
63) I would not want a handicapped person living next door to me.		
Physically Impaired	1.2	1
Language delayed/learning disabled	1.2	1
Emotionally/behaviorally disordered	2.0	1
Mentally Retarded	1.3	1
64) Handicapped children are different from nonhandicapped children because they cannot complete their education.		
Physically Impaired	1.3	1
Language delayed/learning disabled	1.4	1
Emotionally/behaviorally disordered	1.5	1
Mentally Retarded	1.6	1
65) Early education is as important to the handicapped child as to the nonhandicapped child.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.6	6
Mentally Retarded	5.6	6
66) Educating handicapped people is futile since they usually cannot make use of the education.		
Physically Impaired	1.4	1
Language delayed/learning disabled	1.4	1
Emotionally/behaviorally disordered	1.5	1
Mentally Retarded	1.5	1

	Mean	Median
67) People should behave the same way around handicapped and nonhandicapped persons.		
Physically Impaired	5.1	5
Language delayed/learning disabled	5.1	5
Emotionally/behaviorally disordered	4.9	5
Mentally Retarded	5.0	5
68) Handicapped and nonhandicapped people do not have many interests in common.		
Physically Impaired	1.6	1
Language delayed/learning disabled	1.6	1
Emotionally/behaviorally disordered	1.7	1
Mentally Retarded	1.7	1
69) If children are educated about the handicapped they will become more tolerant and understanding toward them when they are older.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.5	6
Mentally Retarded	5.4	6
70) If adults are educated about the handicapped they will become more tolerant and understanding toward them.		
Physically Impaired	5.5	6
Language delayed/learning disabled	5.4	6
Emotionally/behaviorally disordered	5.4	6
Mentally Retarded	5.4	6
71) I would not object to my child being in a classroom with a handicapped child.		
Physically Impaired	5.6	6
Language delayed/learning disabled	5.6	6
Emotionally/behaviorally disordered	5.3	6
Mentally Retarded	5.6	6
72) Handicapped children frequently disrupt class with inappropriate behaviors.		
Physically Impaired	1.8	1.5
Language delayed/learning disabled	2.0	2
Emotionally/behaviorally disordered	3.0	3
Mentally Retarded	2.1	2

	Mean	Median
73) The nonhandicapped child will not be affected negatively by his/her contact with a handicapped child in the classroom.		
Physically Impaired	5.3	6
Language delayed/learning disabled	5.3	5.5
Emotionally/behaviorally disordered	5.0	5
Mentally Retarded	5.2	5
74) Nonhandicapped children do not like to play with handicapped children.		
Physically Impaired	2.2	2
Language delayed/learning disabled	2.3	2
Emotionally/behaviorally disordered	2.6	2
Mentally Retarded	2.4	2
75) When both handicapped and nonhandicapped children are in the same classroom, all class presentations must be at a lower level.		
Physically Impaired	1.6	1
Language delayed/learning disabled	1.9	2
Emotionally/behaviorally disordered	1.8	2
Mentally Retarded	1.9	2

The Criteria Checklist

When an early intervention program offers a variety of preschool classes to a population of children with varied developmental delays, placement of these children in the most appropriate classes is an important and sometimes difficult task. All too often, the placement decision hinges on developmental tests that have some serious shortcomings. For instance, most developmental tests fail to account for the slow or variable growth rates of some handicapped children. Further, many instruments developed for preschool-aged children lack the necessary reliability and validity studies and/or are intended to be administered by a speech therapist or occupational therapist. The latter shortcoming is particularly problematic for programs that do not have a speech or occupational therapist who is available regularly.

In response to these shortcomings of developmental instruments, the staff at the Albuquerque Special Preschool has been in the process of developing an instrument entitled "Criteria for Integrating/ Mainstreaming Handicapped Children (Criteria Checklist)." The Criteria Checklist measures the variability in which a child displays a particular skill or behavior, and assesses skills that professionals considered important in the classroom placement process which other instruments appeared to neglect. Through a system of weighting each item, the relative importance among skills required to progress well in an integrated class is considered.

Several versions of this instrument have been administered to children at the Preschool over the past several years. Prior to the October/November 1983 developmental testing period, the Criteria Checklist was again revised. The purpose of these revisions was to increase the predictive validity of the Criteria Checklist by including only those items assessing behaviors that are important for successful integration. In addition, it was desirable to maintain the high interrater reliability of the instrument by assuring that professionals understood how to administer and interpret the instrument. During this revision process, some items were rewritten or eliminated, the weighting of items was re-evaluated, the rating scales associated with four items were changed, and a booklet was developed to provide instructions on how to administer the Criteria Checklist, as well as to explain each item on the instrument.

Because of the above revisions in the Criteria Checklist, it was necessary to conduct the appropriate reliability and validity studies on this instrument. This included an assessment of the extent to which different raters (i.e., speech therapist, occupational therapist, and teacher) agreed on the scoring of the instrument (i.e., interrater reliability), the extent to which items on the Criteria Checklist were related (i.e., interitem reliability), the extent to which each item on the instrument discriminates between low and high scorers (i.e., item analysis), and, finally, a measure of the degree to which the instrument allowed accurate inferences about development (i.e., construct validity).

Method

Subjects and classroom placements. Forty mild to moderately handicapped children from the Albuquerque Special Preschool served as subjects. Handicapping conditions included: mental retardation, communicative disorders, motor dysfunctions, neurological or other health impairments, or a combination of these. Placement options consisted of toddler classes for the two to three year olds, and either a traditional special education class or an integrated program for children from three to five years of age.

The toddler class is the only placement option for handicapped children in the two to three year age range. There were 14 children in the toddler classes and their average age was 30.9 months with a standard deviation of 10.2 months. The special education or special needs classes consisted of 14 children whose average age was 48.6 months with a standard deviation of 8.9 months. The integrated settings included two separate classrooms that differed in the ratio of handicapped to nonhandicapped children. One class had a 1:1 ratio of handicapped to nonhandicapped, and the other class had a 1:2 ratio of handicapped to nonhandicapped. While it is of future interest to investigate the influence of the ratio of handicapped to nonhandicapped, the small sample sizes precluded such an analysis. There was a total of 12 handicapped children in the integrated classes and the average age was 50.3 months with a standard deviation of 6.2 months.

Criteria checklist. The Criteria Checklist contains 32 items that are weighted according to professionals' judgment of their importance in making placement decisions (for a copy of the instrument, see the Appendix). These weights range between one and six. For the first 27 items, raters must indicate the extent to which a child exhibits a particular skill or behavior. The rating scale is as follows: zero denotes that a child does not exhibit a skill; 1 indicates that a skill is observed infrequently (approximately 20-30 percent of the time); 2 indicates that a child exhibits a behavior occasionally (approximately 40-60 percent of the time); 3 indicates that a behavior is displayed often (approximately 65-80 percent of the time); and 4 indicates that a child consistently exhibits a skill (approximately 85-100 percent of the time). On the last 4 items of the Criteria Checklist, raters indicate the extent to which a child has a skill and the rating scale is the same as that described for the first 27 items. The Criteria Checklist is scored by multiplying the weight associated with each item and the score obtained on that item. The product for each item is then summed to produce a total score. In general, the items are intended to assess the stability of self help, social, language, play, motor, and cognitive skills important in the classroom.

Test administration. The Criteria Checklist was administered in the fall of 1983. Three raters evaluated each child on the instrument at this time. The raters included a teacher, a speech/language pathologist, and an occupational therapist. An exception to this was one toddler class of seven children where the Speech/Language Pathologist also served as the teacher. In this class, only two raters evaluated each child, and consequently, data from this class were not included in the calculations of interrater reliability. The Criteria Checklist was administered again in the spring of 1984 and, at this time, only one rater evaluated each child on this instrument.

Results and Discussion

The following results should be interpreted with some caution due to the small sample sizes associated with many of the analyses. Unfortunately, this problem generally exists in applied research settings. Secondly, unless otherwise stated, most of the reliability and validity studies are reported for the fall 1983 test administration period. However, similar results were obtained for the spring 1984 test administration period.

Reliability. The interrater reliability on the Criteria Checklist was quite high, alpha = .96, which indicated that the speech/language pathologist, the occupational therapist, and the teachers were in high agreement, on the average, about the total scores on the instrument. Moreover, an analysis of variance showed that there was no difference among raters in the average Criteria Checklist total score, $F(2.64)<1$, $p>.05$, which suggested that, on the average, raters tended to adopt a similar criterion about the extent to which behaviors were exhibited. Thus, one advantage of the Criteria Checklist over many developmental instruments is that it can be reliably administered by teachers, speech/language pathologists, and occupational therapists.

Due to the high interrater reliability coefficient, the average score on the Criteria Checklist was calculated for each item. The total score on the Checklist was then derived by the method described earlier. An interitem reliability analysis on the average item scores for the fall 1983 administration of the Criteria Checklist was high, alpha = .98, which demonstrated that the instrument was internally consistent, or in other words, the average correlation among items was high. Similarly, the interitem reliability analysis of the spring 1984 Criteria Checklist scores also showed that the items were internally consistent, alpha = .97.

Item analysis. An item analysis was performed to determine whether each item discriminated between children who scored in the lowest and highest 25th percentile on the Criteria Checklist during the fall 1983 test administration period. The children in the lowest 25th percentile had total scores lower than 139 while the children scoring in the highest 25th percentile had total scores higher than 265. A series of ANOVAs revealed that all 32 items significantly differentiated between these two groups, p .05. This finding indicated that each of the 32 items on the Criteria Checklist discriminated well between children who scored in the lowest and highest 25th percentile.

Validity. The Criteria Checklist correlated significantly with three developmental instruments: the Alpern-Boll, the LAP, and the Westby, $r = .86$, $p < .001$; $r = .88$, $p < .001$; and $r = .82$, $p < .001$, respectively. This demonstrated that the Criteria Checklist was measuring some similar skills or developmental content of the other three instruments (i.e., content validity); however, since these correlations were not perfect, the Criteria Checklist clearly assesses something unique to these other instruments.

Summary

To summarize, the Criteria Checklist demonstrated excellent interrater and interitem reliability, and the item analysis showed that each item on the instrument had very good discriminating power. In addition, the high correlations between the Criteria Checklist and three developmental instruments showed that this instrument has high content validity. These findings suggest that the Criteria Checklist may be preferable to some developmental instruments for several reasons. First, the high interrater reliability coefficient found for the instrument this year is a replication of the findings from two previous years and, therefore, can be interpreted as solid support for the conclusion that the instrument can be reliably administered by speech/language therapists, occupational therapists, and teachers. This is an important advantage of the Criteria Checklist since in many preschool settings the teacher must administer developmental instruments, most of which have not demonstrated interrater reliability. Second, since the Criteria Checklist is an observational instrument it can be readministered any number of times without concern about children learning the items rather than their learning the general conceptual skills the items are intended to reflect. Third, the Criteria Checklist may prove to be more sensitive in measuring skills of handicapped children since the stability of a behavior is assessed rather than the presence or absence of a behavior. Finally, while the Criteria Checklist has high content validity which indicates it is measuring skills important in development, the instrument is the only one of which we are aware that assesses skills which are important for the successful placement of a handicapped child in a less restrictive environment (i.e., integrated classroom setting). Since more importance is being placed on integrating and mainstreaming handicapped children, it is critical to have an instrument for this purpose to be used in conjunction with professionals' judgments.

Developmental Progress

In making placement decisions and planning individual programs for children, the professional staff at the Albuquerque Special Preschool utilized information from the Learning Accomplishment Profile (LAP), the Westby Symbolic Play Scale (Westby), the Alpern-Boll, and the Criteria Checklist. These instruments also can be used as measures of developmental progress, as they were during the 1983-1984 school year. It is important to recognize that the developmental progress made by children during this period can reflect many factors or combination of factors, some of which may not be related to preschool attendance. For example, progress (or even regression) may be influenced by development, classroom structure, intervention, general experiences, parental attitudes, and/or the initial developmental level of the child. Second, it is important to realize that developmental change is not necessarily a constant and linear function of time for handicapped children. Rather, in the handicapped child developmental change may be sporadic and difficult to assess with instruments devised for nonhandicapped children. Thus, caution should be exercised when interpreting developmental change scores.

Method

Subjects.

The same handicapped group as described earlier in the reliability and validity studies of the Criteria Checklist were evaluated on four instruments. The four instruments were administered in October/November of 1983 and in May of 1984.

Instruments.

The four instruments administered during the school year were the Criteria Checklist, the LAP, the Westby, and the Alpern-Boll For a description of the Criteria Checklist, the reader should refer to the earlier section that describes this instrument.

The LAP is an instrument that is appropriate for children within the developmental age range of 36 to 72 months. The Early LAP (ELAP) is appropriate for children who are newborn to 36 months. Both instruments were designed for normal and handicapped children, and measure progress in seven areas of development, six of which are reported: (1) gross motor skills, (2) fine motor skills, (3) social skills, (4) cognitive skills, (5) self help skills, and (6) language skills. The LAP is a criterion referenced instrument intended primarily for use by teachers as a tool for planning individual programs for children. For each area of development, a developmental score expressed in months is provided. Because it is necessary to use both forms of the LAP for some children, the staff at the Preschool devised an additional scoring system whereby a child receives a point for each item that is passed. This scoring system may be a more sensitive measure of a child's progress, since a child could conceivably pass more items from pretesting to posttesting but still remain at the same developmental level. The LAP was administered by either a teacher or the speech/language pathologist, thus, standardization of the test administration process may not have been maintained.

The Westby is a symbolic play language scale. The scale measures ten stages of symbolic play and language development. An assumption of this instrument is that symbolic skills are essential prerequisites for meaningful language. This instrument is norm referenced and must be administered by a speech/language pathologist.

The Alpern-Boll is an instrument which measures children's development in six areas: physical, self-help, social, academic, communication, and overall development. The profile is intended to provide estimates of developmental functioning level rather than a complete assessment of any particular developmental skill. While it has high reliability and validity, it has been standardized through maternal interviews. Scores obtained on this instrument during the fall administration period were based on parental assessments of their child's development, while scores obtained during the spring administration period were based on teacher assessments of a child's development.

Results

Table 4 presents the pretest and posttest scores on the four instruments as a function of class (i.e., toddlers, special needs, and integrated). This table shows that, on the average, children in the toddlers classes were functioning at a lower level than those in the special needs classes who were functioning at a lower level than children in the integrated classes. This appears to be the case on all four instruemnts as well as in each developmental area. Table 4 also shows that scores on the Alpern-Boll and the LAP (months) often appear different when comparing apparently similar developmental areas. Moreover, the amount of developmental progress in a particular area often varies depending on the instrument. These discrepancies between the LAP and the Alpern-Boll may be attributed to the difference in instrument administration procedures. Since parents assist in scoring the Alpern Boll during pretest but not at posttest, it is possible that different evaluation criteria are adopted during these testing periods. This would have the potential of biasing pretest/posttest differences in either direction. Second, perhaps the discrepancies between these two

TABLE 4

Pre and Post-Test Performance [a]: Handicapped Preschool children

nstrument [a]	Toddlers [b]		Special Needs [c]		Integrated [d]	
ern-Boll	Prestest	Posttest	Pretest	Posttest	Pretest	Posttest
hysical	17.1 (4)	20.7 (5)	27.1 (11)	30.9 (11)	41.7 (13)	46.5 (14)
elf help	20.3 (5)	25.4 (5)	32.6 (11)	37.0 (10)	48.2 (19)	54.3 (19)
ocial	22.1 (5)	25.7 (5)	29.6 (8)	34.3 (9)	52.5 (13)	57.3 (15)
cademic	18.4 (4)	22.9 (4)	23.9 (5)	27.8 (8)	40.3 (11)	50.7 (13)
ommunication	17.0 (4)	21.0 (5)	23.3 (8)	27.0 (10)	42.7 (14)	47.2 (14)
verall	19.0 (4)	23.1 (4)	27.3 (7)	31.4 (9)	45.1 (11)	51.2 (12)
(months)						
ross motor	15.9 (6)	19.6 (7)	27.6 (12)	30.4 (12)	38.4 (11)	48.9 (14)
ine motor	15.5 (5)	22.3 (4)	25.6 (7)	29.7 (9)	39.3 (12)	45.3 (13)
elf help	16.4 (4)	21.9 (6)	27.9 (13)	30.4 (11)	41.2 (10)	48.7 (11)
ocial	19.2 (9)	27.7 (7)	31.3 (10)	32.8 (10)	44.2 (10)	52.2 (8)
ognitive	14.6 (4)	21.8 (4)	23.8 (8)	27.6 (8)	41.8 (13)	50.3 (13)
anguage	14.2 (4)	20.0 (5)	21.8 (9)	26.8 (10)	42.8 (14)	50.1 (11)
verall	16.0 (5)	22.2 (4)	26.3 (9)	29.6 (9)	41.3 (10)	49.2 (9)
(points)						
ross motor	70.6 (12)	77.0 (10)	82.5 (11)	85.2 (10)	95.7 (12)	104.7 (15)
ine motor	46.9 (9)	56.9 (6)	60.9 (10)	64.1 (9)	76.3 (15)	84.1 (15)
elf help	19.1 (8)	28.5 (7)	34.8 (19)	37.2 (15)	52.4 (15)	62.6 (18)
ocial	26.5 (7)	32.4 (5)	33.3 (7)	34.5 (8)	47.3 (11)	54.0 (6)
ognitive	56.0 (12)	72.2 (11)	72.9 (14)	81.8 (16)	106.3 (22)	118.8 (20)
anguage	25.9 (5)	35.1 (8)	35.6 (14)	44.7 (16)	64.4 (15)	72.5 (13)
verall	40.9 (8)	50.4 (6)	53.4 (12)	57.9 (12)	73.7 (12)	82.8 (11)

TABLE 4 - (Continued)

strument [a]	Toddlers [b]		Special Needs [c]		Integrated [d]	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
by Symbolic Play Scale	2.4 (1)	3.4 (1)	3.2 (1)	4.2 (2)	5.3 (1)	6.0 (1)
eria Checklist	139.8 (41)	193.6 (56)	166.7 (49)	205.4 (61)	303.8 (59)	312.5 (78)

NOTE: Numbers in parentheses reflect standard deviations

a. Alpern-Boll scores are expressed in mean number of months. Scores on the LAP are expressed in both mean number of months and in the number of points or correct items. The Westby scores reflect the mean stage of development. The Criteria Checklist scores refer to the mean total score.

b. On the average, there were 8 months between the pretest and posttest period for the toddler classes, with a standard deviation of 3 months.

c. On the average, there were approximately 7 months between the pretest and posttest periods for the special needs classes, with a standard deviation of less than one month.

d. On the average, there were 6.5 months between the pretest and posttest periods for the integrated classes, with a standard deviation of less than one month.

instruments can be attributed to the characteristics of the instruments. The professional staff views the LAP as a more reliable and sensitive instrument than the Alpern-Boll since, with the latter instrument, developmental ages are determined on the basis of only a few items.

Toddlers class. Repeated measures analyses of variance demonstrated that there was a reliable change from pretest to posttest in all areas of development for children in the toddlers classes. This was the case on both the Alpern-Boll and the LAP (i.e., for scores measured in months and in points). On the Alpern-Boll, the average number of months progress was 3.6 in physical and social development while in the other areas, four or more months progress was observed during this period. The results from the LAP were similar to those of the Alpern-Boll in that the most progress was observed in cognitive and language developmental areas (approximately 6 to 7 months). However, contrary to the Alpern-Boll, the LAP showed large gains in social development (8.5 months). Overall, the Alpern-Boll showed an average age gain of 4.1 months and the LAP showed a change of 6.2 months. Since handicapped children would not necessarily be expected to progress at the same rate as their normal peers, these findings suggest that, on the average, the developmental gains found for the toddler classes were satisfactory given that the average amount of time between testing periods was eight months.

There also was a significant change from pretest to posttest on the Westby (one level) and on the Criteria Checklist (53.8 points). The observed change on the Westby is consistent with the relatively large changes in language and cognitive development on the LAP since, presumably, the Westby measures changes in symbolic skills that are prerequisites for meaningful language. The large increases from pretest to posttest on the

Criteria Checklist indicate that behaviors viewed as important for successful integration are becoming more stable and/or are emerging.

Special needs classes. Repeated measure analyses of variance showed that for children in the special needs classes, there was a reliable increase in average developmental age from pretest to posttest in all developmental areas except communication as measured by the Alpern-Boll (3.7 months change) and social development as measured by the LAP (1.5 months and 1.2 points change). However, on the LAP, cognitive and language areas showed relatively large increases (5 and 3.3 months, respectively) and, on the average,scores on the Westby increased by one stage. These findings suggested that the null change in communication development on the Alpern-Boll was no cause for alarm. This also points out the importance of employing multiple batteries when evaluating the progress of handicapped children. The findings of no change in social development on the LAP also was inconsistent with the relatively large change in social developmental age (4.7 months) on the Alpern-Boll. Again, this suggests that children in special needs classes are progressing in social development but that perhaps the two instruments assess different aspects of this construct. The developmental areas showing the most change were social (4.7 months) and self help (4.4 months) on the Alpern-Boll and fine motor (4.1 months) and language (5.0 months) on the LAP.

Overall, developmental age increased by 4.1 months and 3.3 months on the Alpern-Boll and the LAP, respectively. Given an average of seven months between testing periods, this was considered satisfactory developmental progress, although some consideration about the developmental constructs being assessed on these two instruments is in order. Finally, scores on the Criteria Checklist improved between testing periods (38.7 points) which, again, suggested that behaviors that were not present during pretest were emerging during posttest, and other behaviors were becoming more stable.

Integrated classes. Repeated measures analyses of variance showed that for children in integrated classes there was a significant increase in developmental age between testing periods in all areas of the Alpern-Boll and the LAP. On the Alpern-Boll, physical, self help, and academic developmental age increased the most (5.8, 6.1, and 10.4 months, respectively). On the LAP, all developmental areas showed increases of at least 6 months. Given that there was an average of 6.5 months between testing periods the average developmental progress of children in integrated classes was viewed as excellent.

Overall, there was an increase of 6.1 and 7.9 months in developmental age on the Alpern-Boll and the LAP, respectively. In addition, there was a reliable increase in average stage on the Westby (.7). However, as Table 4 shows, the increase from pretest to posttest on the Criteria Checklist was small (8.7 points); this change was not significant. Perhaps this finding can be explained by the initially high scores on the Criteria Checklist during pretest; while there is still room for improvement, these children, on the average, already are exhibiting relatively stable behaviors at the beginning of the school year.

Summary

These data documented the change in developmental age over the school year. All classes (toddlers, special needs, and integrated) improved between testing periods in almost all skill areas. Again, it is difficult to attribute this progress to a specific factor or factors. Nonetheless, the developmental gains that were achieved in most of the areas were considered satisfactory and, for the integrated classes, the gains were evaluated as excellent. In the integrated classes, developmental gains of at least 6 months were found which is approximately the amount of time that elapsed between testing periods. Since we would not necessarily expect handicapped children to progress at the same rate as normal children, these findings were encouraging.

Making Classroom Placement Decisions for Handicapped Children

When an early intervention program, such as the Albuquerque Special Preschool, offers a variety of preschool classes to a population of children with varied developmental delays, placement of these children in the most appropriate classes is a difficult and important task. All too often, the placement decision hinges on developmental tests which provide rather gross summarizing scores and fail to account for slow or variable growth rates of some handicapped children. The strengths and needs of handicapped children are not the only important considerations in placement decisions. Parental expectations and the opinions of professional staff, representing several disciplines, enter into the decision, as well. In addition, program limitations such as class size, staff capability and available transportation complicate the process.

At the Albuquerque Special Preschool, the need to objectify and sensitize the placement process became apparent as a model was developed to integrate handicapped children. The need for greater objectivity in the placement process became more important since the desirability of intervention in the least possible restrictive environment has led many parents and staff members to prefer integrated class placement. However, our experience and research suggests that for some handicapped children a more traditional special needs class is more appropriate than an integrated setting. While a program may be committed to including nonhandicapped peers in the early education of exceptional children whenever possible, the need for exposure to normal peers may not be the overriding concern in determining the appropriateness of integrated class placement.

As described earlier, placement options currently include toddler classes for the two and three year olds, and either a traditional special education class or an integrated program for children from three to five years old. Since the youngest children are normally placed in the toddler class, placement decisions for older children generally are concerned with which class, special needs or integrated, will maximize a child's development. Thus, it is these two classes that are the focus of the placement process.

The placement process was objectified by utilizing four instruments (the Criteria Checklist, the Alpern-Boll, the LAP, and the Westby) to make placement decisions. The use of multiple instruments provides a great deal of information on each child for placement purposes, and is considered necessary to maintain the reliability and validity of this process. A discriminant analysis with classification was employed to evaluate empirically the success of this battery of tests in discriminating between children who are in special needs and integrated placements. During the 1982-1983 school year, this analysis indicated that the Criteria Checklist and the LAP significantly discriminated between placement groups and that 93% of the children were correctly placed on the basis of their scores on these instruments. Further, a post hoc analysis of the data on the two incorrectly placed children showed that their placements were not made on the basis of the test battery.

Since the Preschool has revised the Criteria Checklist since last year and because of the small sample sizes, the classification results could change this year.

If the instruments employed in the placement process contribute unique information on each child and account for a significant proportion of the variance in scores between children in special needs and integrated placements, then it is important to ask if this battery of scores has external validity, as well. This is important since we should not presume that a battery of tests would contain necessarily all relevant information about an individual child and, perhaps, other considerations related to the success of the placement process. The external validity of the placement process will be examined by assessing professionals' judgment of the success of a particular classroom placement.

Method

Subjects. The same children who were described earlier and who were enrolled in the special needs or the integrated classes served as subjects. There were 12 children in the integrated classes and 14 children in the special needs classes.

Instruments. The four instruments employed as criteria for making placement decisions were the Criteria Checklist, the LAP, the Westby, and the Alpern-Boll. (These instruments have been described earlier in this report.) The four instruments were administered in the fall of 1983. Again, since placement decisions concerned only children who were too old for enrollment in a toddler class, data on the battery of four instruments were analyzed only for children placed in integrated or special needs classes.

Data analyses. A discriminant analysis with classification was employed to evaluate empirically the success of the battery of tests in discriminating between handicapped children who were in integrated and special needs classroom placements. This analysis indicated which instruments significantly discriminated between placement groups and the percent of handicapped children who were correctly placed given their scores on the criteria measures. Since actual placement decisions were influenced most by scores on the Criteria Checklist, scores on this instrument were entered first in the discriminant analysis. Scores on the remaining three instruments were entered in the second step of the discriminant analysis, since they were considered to be of secondary importance in the placement process.

Placement success ratings. The empirical findings from the classification analysis were compared to professionals' judgments of the success of a particular placement. An instrument was developed which asked professionals to rate how successful a classroom placement had been for individual children. They were asked to consider a child's functioning level at the beginning of the year and decide whether or not (on a five point Likert scale) the class placement facilitated a child's development in each of seven developmental areas (i.e., gross motor, fine motor, self help, language, speech, cognitive, and social). The Appendix contains a copy of this instrument.

Three professionals rated each child in May or June of 1984. The raters were not teachers, but all were familiar with the children and the placements options at the Preschool.

Results

Discriminant and classification analysis. A stepwise criteria discriminant analysis employing Rao's V method entered the variables into the equation according to the order of their importance in making placement decisions. The discriminant analysis indicated that scores on the four instruments reliably discriminated between children in the two classroom placements, $V = 53.47$, $p < .001$. Classroom placement accounted for approximately 69 percent of the variance in the linear combination of scores on the four instruments (i.e., the discriminant function). However, the Westby and the LAP did not account for additional significant variance in scores between classroom placements. This latter finding was inconsistent with the results from the same analysis of the placement process during the 1982-1983 school year. In this earlier analysis, the Westby and the Alpern-Boll did not account for additional significant variance in scores between classroom placements. Perhaps the discrepancy between these analyses can be explained by the recent revisions of the Criteria Checklist which may have improved the discriminating power of the instrument. Alternatively, it is very probable that with the small sample sizes the discriminant functions would not be as stable as would be desirable. Nonetheless, it is clear from an examination of the correlations of each instrument to the discriminant function (i.e., the structure matrix) that the Criteria Checklist and the Alpern-Boll correlated more strongly with the discriminant function (.89 and .69) than the LAP (.55) or the Westby (.58).

Thus, two of the four testing instruments accounted for unique variance between special needs and integrated placements. This conclusion was verified by the classification analysis which showed that approximately 92.31% of the children (24 children) were classified correctly on the basis of their Criteria Checklist and LAP scores. Only two children, one in the special needs class and one in the integrated class, were incorrectly classified on the basis of these scores.

An incorrectly classified child indicates that there is a higher probability of that child belonging to the group of which he or she is not actually a member. The probability that the child in the special needs class belonged in the integrated class was .77. This child had scores on the Criteria Checklist and the LAP that were within one standard deviation of the integrated group's means. However, this child was placed in the special needs class because it was the only placement available at the time. Approximately four months into the program, the staff concluded that the child was more appropriate for an integrated class, and at that time began visiting the integrated class. The probability that one integrated child belonged to the special needs class was .96. This child had scores on the Criteria Checklist and the LAT that were within one standard deviation of the special needs group's means. This child was placed in the integrated class because it was the only placement that the parents would accept. Thus, the placements of the two incorrectly classified children were not based on scores on the instruments. Rather, other criteria not assessed on these instruments served as the basis for the two placement decisions.

Successful placement ratings. Overall interrater reliability of professionals' judgments of the success of classroom placements was high, alpha = .91. In addition, the interrater reliability for each of the developmental areas was also very good (alpha = .73, .83, .78, .85, .88, .93, and .90 for gross motor, fine motor, self help, language, speech, cognitive, and social, respectively). Because of the high interrater reliability, ratings were averaged across raters for the remaining analyses.

An examination of the average ratings of classroom placement success for the two incorrectly classified children showed that for all developmental areas, ratings were less than 3, which indicated that, in the judgment of the professionals, the child made some developmental progress but may have gained more in a different classroom placement. By comparison, the ratings of classroom placement success for the correctly classified children showed that for all developmental areas, the average ratings were greater than 4, which indicates that children made more developmental progress than they would have in a different classroom placement. Further, an examination of the frequency distributions of these ratings showed that, in most developmental areas, no more than two children received ratings that were greater than 3 but less than 4. Exceptions to this were four children in the special needs class who received average ratings between 3 and 4. Averaging across all developmental areas, all correctly classified children received ratings of 4 or greater, with the exception of one child in the special needs class who received an overall rating of 3.81. These findings demonstrate that the correctly classified children were judged by professionals as making developmental gains that would not have been made in an alternative placement. The results also provide external validity for the procedure of using scores on the four instruments in making successful classroom placement decisions.

Summary

The discriminant analysis demonstrated the efficacy of two out of four instruments in discriminating and correctly classifying special needs and integrated classroom placements. Scores on the Criteria Checklist and the Alpern-Boll contributed unique information in discriminating between classroom placements, although, the Criteria Checklist was the best discriminator. The remaining two instruments did not provide additional significant information for discriminating between children in the two classrooms perhaps because they had high correlations with both the Criteria Checklist and the Alpern-Boll; consequently, they may have shared large overlap variances which were cancelled out in the analysis.

Because previous analyses (i.e., 1982-1983 school year) showed that the LAP, rather than the Alpern-Boll, was a significant discriminator between classroom placements, it is important to re-evaluate these findings on a larger sample. A larger sample size would mitigate the problems of elevated and unstable correlation coefficients that often are associated with small sample sizes. Moreover, since the Criteria Checklist is now completely revised, data from this year's analysis can be used in future studies in order to help increase sample sizes.

The classification analysis validated statistically the success of the discriminant analysis by showing that 92% of the children were correctly classified. Follow-up analyses also showed that the placement decisions of the two incorrectly classified children were based on factors not assessed on the instruments. These factors included limitations in classroom size and parental expectations. Placement decisions based on these types of considerations generally cannot be avoided.

Finally, professional judgments of classroom placement success validated the empirical findings from the discriminant and classification analyses. The incorrectly classified children were judged as having placements that were not optimal for developmental gains, and correctly classified children were rated as having placements that facilitated their developmental progress.

In general, these findings can be used as a guideline for making placement decisions. The results from this analysis and previous year's indicated that the Criteria Checklist is the most important predictor of classroom placement success and that the Alpern-Boll and/or the LAP are useful as well. The Westby does not appear to contribute unique information, over and above that provided by the other three instruments, in making successful placement decisions. The average level of functioning on these instruments and the variance associated with each mean, may serve as general guidelines for placement decisions in conjunction with professionals' judgments.

It cannot be overstated that replication of these analyses is important due to the small sample size. The methodology employed in this study may help improve the quality of program evaluation, in addition to facilitating and objectifying the placement process. With a sufficiently large sample, the resulting guidelines from this methodology could have an important impact on early intervention programs. These guidelines could be useful to programs that do not have the multidisciplinary staff to provide the comprehensive evaluations and recommendations desirable for successful placement of handicapped children.

Classroom Goals

An important component of the classroom placement decision process is knowledge of the various classroom structures. While knowledge of classroom size, the types of teaching staff, the age range and handicapping conditions of children, and whether or not the class is integrated provides useful information about the nature of the educational and developmental environment, this information is not necessarily sufficient for making placement decisions. Ideally, the goals and objectives of a classroom should address the needs and strengths of the children, and classrooms may vary in the extent to which they can optimally facilitate an individual child's development.

Therefore, a second aspect of detailing the placement process at the Albuquerque Special Preschool was to describe the structure of various classroom settings by relating them to the primary and secondary goals established for each child at the beginning of the school year. It is important to recognize that this is considered a method of supplementing, rather than replacing, other available descriptive information about classroom structure. We realize that some goals written for individual children may not be accomplished or facilitated directly within the classroom environment, but perhaps during experiences outside of the class such as in speech or occupational therapy and in the home environment. However, the primary goals for individual children should be related, in general, to the classroom placement. It is unclear as to whether secondary goals would necessarily be related to classroom placement since these goals are considered to be of lesser importance.

Knowledge of the types of goals that are written for children as a function of classroom placement in conjunction with a description of developmental profiles and scores on the Criteria Checklist is important information for other early childhood intervention programs that desire to benefit from some of the experience and research of the Preschool staff. Specifically, this information will provide other programs with a more detailed description of the various classroom placement options available at the Preschool. In turn, the use by other early childhood programs of the guidelines that were established in the discriminant and classification analyses for making placement decisions will be contingent on placements that generally meet the described goals and classroom structures of the Preschool.

Method

Subjects. Data were collected on the same group of handicapped children that were described earlier in this report.

Data collection. For each child, primary and secondary goals (i.e., individualized educational plans) were established at the beginning of the school year. Goals were categorized into eight different developmental areas: gross motor, fine motor, self help, language, speech, social, cognitive, and behavioral. The appendix contains a listing of the specific goals associated with each developmental area. The reader should note that within each developmental area the goals differ in difficulty. Consequently, we would expect to see more goals written for complex skills (within a given developmental area) for children in integrated placements in comparison, for instance, to children in toddler placements.

The pattern of results generally supported this statement; however, because of the small sample size and the broad range of goals, data were summarized according to goals for each developmental area.

Results

Primary goals. Table 5 summarizes the primary goals as a function of classroom placement. This table shows that for integrated classrooms most goals were written for self help, language, social, and cognitive developmental areas (19%, 19%, 16%, and 16%, respectively). By comparison, the majority of goals in the special needs classes were written for language development (40%) although goals were written relatively often in several other areas except in fine motor, speech, and behavioral developmental areas (2%, 4%, and 4%, respectively). For the toddlers classes, language development appeared to be a strong focus (30%) in addition to gross motor, self help, and cognitive developmental areas (19%, 23%, and 19%). While it is somewhat difficult to compare across classrooms due to the differences in classroom size and the number of goals written as a function of classroom, it does appear that behavioral goals generally were not considered to be of primary importance in any of the classrooms. Further, gross motor and self help developmental goals appeared to be of most importance in the toddler classes in comparison to special needs and integrated classes; gross motor goals generally did not appear to be of primary concern in the integrated classes. While language goals frequently were written in all classes, they became less frequent moving from the toddlers classes to integrated placements. However, the reverse was found for speech goals; these goals became more frequent when moving from the toddlers to the integrated placement.

TABLE 5

Primary Goals as a Function of Classroom

SSROOM	TODDLERS		SPECIAL NEEDS		INTEGRATED	
	Frequency	Percent [a]	Frequency	Percent	Frequency	Percent
mary Goal						
ss motor	9	19%	6	13%	3	8%
e motor	2	4%	1	2%	2	5%
f help	11	23%	6	13%	7	19%
guage	14	30%	18	40%	7	19%
ech	2	4%	2	4%	4	11%
ial	0	0%	5	11%	6	16%
nitive	9	19%	5	11%	6	16%
avioral	0	0%	2	4%	2	5%
AL Number of ls written	37	100%	45	100%	47	100%
N Number of ls written	3.6		3.2		3.1	

OTE: Frequencies are based on the number of goals written in a particular developmental area. Some children may have more than one (but not more than two) goals written for a developmental area. Percents represent the ratio of the number of goals written for individual children in a particular classroom.

[a] Percent columns may not total to 100% due to rounding error.

Secondary goals. Table 6 summarizes the secondary goals as a function of classroom placement. This table shows that for integrated placements the frequency with which secondary goals were written was approximately the same for all developmental areas (between 10% and 16%) with the exceptions of the gross motor developmental area (29%), where the largest number of goals were established, and the fine motor and language developmental areas in which only a relatively small percent were established (4% and 8%). These results were very similar to those found for the special needs classroom placements, with a few exceptions: First, secondary goals for gross motor development were not as frequent as in the integrated placements (11%), and fine motor secondary goals were established often (17%). For toddler placements, very few secondary goals were written for self help, language, and cognitive developmental areas (6%, 0%, and 7%) while secondary goals were written frequently in the other developmental areas (between 14% and 21%).

Comparing across classroom placements, relatively few secondary language goals were established for children in all placements, although, a relatively large number of primary language goals were written for children in all classroom placements. Thus, for most children, it appeared from these data that language development was strongly emphasized relative to other skills, particularly in toddler and special needs classroom placements. By comparison, primary goals for speech were written infrequently for toddler and special needs placements but more often for integrated placements; however, secondary speech goals were established often for children in all classroom placements, suggesting that speech development was a secondary concern in all classes.

TABLE 6

Secondary Goals as a Function of Classroom

SSROOM	TODDLERS		SPECIAL NEEDS		INTEGRATED	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
condary Goal						
ss Motor	10	14%	8	11%	15	29%
e Motor	12	17%	13	17%	2	4%
f help	4	6%	10	13%	5	10%
guage	0	0%	2	2%	4	8%
ech	10	14%	12	16%	7	14%
ial	15	21%	8	11%	5	10%
nitive	5	7%	11	15%	6	16%
avioral	14	20%	11	15%	8	15%
AL Number Goals Written	70	100%	75	100%	52	100%
N Number of ls written	3.9		4.3		3	

OTE: Frequencies are based on the number of goals written in a particular developmental area. Some children may have more than one (but not more than two) goals written for a particular developmental area. Percents represent the ratio of the number of goals written for an area divided by the total number of goals written for individual children in a particular classroom.

[a] Percent columns may not total to 100% due to rounding error.

In all classrooms, primary goals for behavior were written infrequently, but secondary goals in this area were established often. Thus, while behavior skills were of concern, they did not appear to be of primary importance in all three classrooms. Social development, however, was a primary and secondary concern in special needs and integrated placements but of only secondary importance in the toddler placement. This seemed logical since many of the social goals reflected behaviors that only older children would be expected to begin developing.

In general, self help and cognitive skills were of both primary and secondary importance in all three classroom settings. The emphasis on gross motor development was most apparent in the toddler and special needs classes, although, secondary goals for this area were established often in the integrated placements. Finally, few primary goals were written for fine motor development in any of the classroom placements; however, this developmental area was emphasized frequently in the secondary goals of toddler and special needs placements.

Summary

While the sample size was small, a pattern of results was found that related the goals established for individual children and classroom placements. This pattern provided some preliminary information about aspects of classroom structure and how this varies in the different classes. In general, the results suggested that all classes strongly emphasized language development, relative to other skills, but to a slightly lesser extent in the integrated placement. Social development appeared to be a primary focus in special needs and integrated placements, while gross motor and fine motor development were of more concern in the toddler and special needs classes. Both self help and cognitive development appeared to be emphasized in primary, as well as secondary goals for children in all placements. Finally, although speech and behavioral goals did not appear to be a primary concern, they were considered to be of secondary importance in all three classroom placements.

The trends found in this data for goals established in classes suggested that classroom placements vary in terms of the emphasis placed on the development of various skills, assuming that the individualized educational programs written for children reflect some, but not necessarily all, information about classroom structure. However, due to the small sample size, it is important to continue the documentation of goals as they relate to classroom placements in order to ascertain this relationship more reliably. In addition, a larger sample size would enable an analysis of the specific goals within a developmental area as a function of classroom. This would afford a more accurate and lucid description of developmental skills that are emphasized in various classrooms at the Preschool and, consequently, provide a more detailed analysis of classroom structure.

APPENDIX A

Early Childhood Special Education Outreach Fair Agenda.

Copies of "REACH OUT" (under separate cover)

EARLY CHILDHOOD SPECIAL EDUCATION

OUTREACH FAIR

JULY 10, 1984

THE JOHNS HOPKINS UNIVERSITY
SHAFFER HALL
HOMEWOOD CAMPUS
BALTIMORE, MARYLAND

AGENDA

8:30 - 9:00 a.m
REGISTRATION
Coffee and Danish
The Glass Pavillion

9:00 - 9:20 a.m.
WELCOME
OPENING REMARKS

Dr. Gilbert Schiffman
Professor of Education
Coordinator of Exceptional Children Programs
Division of Education
The Johns Hopkins University

Sheila Draper
Acting Branch Chief
Program Development and Assistance Branch
Maryland State Department of Education
Division of Special Education

OVERVIEW OF DAYS ACTIVITIES

Nancy Vorobey
Assistant Project Coordinator
State Implementation Grant

9:20 - 9:30 a.m.
BREAK

9:30 - 10:30 a.m.
PRESENTATIONS: SHAFFER HALL

MODEL PRESCHOOL CENTER Seattle, Washington	Room 3
SKI HI Logan, Utah	Room 100
PROJECT OUTFIT Nashville, Tennessee	Room 202
PROJECT UPSTART Washington, D.C.	Room 300

	ALBUQUERQUE INTEGRATION/ OUTREACH PROJECT Albuquerque, New Mexico	Room 301
0:30 - 10:45 a.m.	BREAK	
0:45 - 11:45 a.m.	PRESENTATIONS CONTINUED	
	HIGH/SCOPE Ypsilanti, Michigan	Room 3
	RUTLAND CENTER Athens, Georgia	Room 100
	PROJECT OPTIMUS Brighten, Massachusetts	Room 202
	ERIN Dedham, Massachusetts	Room 301
1:45 - 12:00 p.m.	BREAK	
2:00 - 1:30 p.m.	LUNCHEON THE GLASS PAVILLION	
:30 - 3:30 p.m.	DROP-IN COMPUTER DEMONSTRATION Dr. Gilbert Schiffman	Room 101
:45 - 2:45 p.m.	PRESENTATIONS CONTINUED * * 9:30 - 10:30 a.m. sessions repeated	
:45 - 3:00 p.m.	BREAK	
:00 - 4:00 p.m.	PRESENTATIONS CONTINUED * * 10:45 - 11:45 a.m. sessions repeated	
	CONFERENCE CONCLUDES	

APPENDIX A

REACH OUT

albuquerque
special
preschool

3501 Campus Blvd. NE
Albuquerque, New Mexico 87106
505 / 266-8811

Vol.2 No.1 December-January, 1983-84 Contact: Peggy Sheldon/Darro Routon

Focus

Season's Greetings! Cold weather is upon us and people are gearing up for the winter. This edition of Reach Out treats readers to a potpourri of articles. Some are about the holidays and family gatherings typical of this season. Others are geared to the practicalities of day to day living with a child: what to do when he has a cold, how to start him on a self-feeding program, and how to entertain him when you are busy in the house,etc. This issue begins our second series of newsletters. There will be four sent out between December, 1983 and July, 1984. Each newsletter will have articles and ideas written by staff from Albuquerque Special Preschool and from our readership including parents as well as professionals.

A brief description of Reach Out is in order for those who have recently been added to our mailing list. This neswsletter is produced through the Outreach project at the Preschool. The project is funded through a federal grant and allows us to share information about good teaching and child rearing practices for both handicapped and nonhandicapped children. Written information has proven to be an effective way to reach many people. We hope you will benefit.

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Response Section

We need to update our mailing list. Please send us any new names and/or mailing addresses!

It is important for us to know if this newsletter has been a valuable service. We are getting ready to write our proposal for next fall and would appreciate it if you would take the time to write us with your input. Suggestions for future topics are welcome. Also, feel free to submit any articles.

Choosing Toys

by Linda Askew, Integration Specialist, Albuquerque Special Preschool

Children can be very inventive. Playthings that allow them to use their imagination and ability serve as tools to help them understand their world and how to adapt to it. They can problem solve and master situations through play. As they grow older, their play becomes more sophisticated. They use

Continued.......

This document was prepared pursuant to Contract #G008202867 with the U.S.Department of Education, Office of Special Education and Rehabilitative Services. Contractors undertaking such projects under Government sponsorship are encouraged to express their judgement freely in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Department of Education position or policy.

their toys in a more complex way. Toys can include household items like boxes and dress up clothes, as well as commercial products. Be aware that when a toy is expensive, it does not guarantee that it is good.

IS THE TOY SAFE?

Many unsafe features, like sharp edges, are obvious. Some features are less apparent such as lead-based paint. The Consumer Products Safety Commission publishes a list of hazardous toys as well as safety guidelines. It is also important to consider the age of the child. What is safe for a two year old may be dangerous for a six month old. The toy should be durable and not easily broken.

IS THE TOY APPROPRIATE FOR THE CHILD'S AGE?

Very young children get the most benefit from toys that are realistic. A two year old needs a truck to play trucks. Imagination develops in older children. They are able to use more abstract objects. A six year old can pretend that a block is a truck.

CAN THE CHILD BE A PARTICIPANT?

Often, toys are designed only to entertain. A child usually looses interest with this type of toy. He can learn about cause and effect from toys that require participation. When a child must "do something" to the toy, he develops high level skills and gains a sense of control over his environment.

HOW COMPLEX IS THE TOY?

A complex toy is one that can be used in many ways. Complex toys require more of a child and allow for creativity. An example is a ball. It can be bounced, rolled, squeezed and thrown. It can be used by an individual or a group.

WHAT MATERIALS ALLOW FOR UNSTRUCTURED PLAY?

Playdough, paint, and water are examples of things that are played with in an unstructured way. There is no set rule about how to play with them. Children can use their imagination and develop their creativity by playing with these types of materials.

DOES THE TOY HAVE MULTIPLE USES?

Some toys have only one use. Others can be used in several ways. A shovel does not always have to be used in the sandbox. It can also be used to cut playdough or to pour water in the tub.

DOES THE TOY INTEREST THE CHILD?

It is important to remember that each child is an individual with unique skills and abilities. The toys that will get the most use are those that match the child's interests.

Classification-Toys

From: THE WISE CHOICE OF TOYS, by
Ethel Kawsin.

1. Development of Strength & Skill

   2-3 Years

   Push and Pull Toys - Small slide
   Wagon - Toy Auto to ride in
   Wheelbarrow - 3 wheel scooter
   Junior Jungle Gym - Balance board
   Large wooden colored stringing beads
   Wading pool - Key and Locks

2. Constructive & Creative Play

   2-3 Years

   Large hollow blocks - Sand toys
   Blunt scissors-Colored paper
   Large pegboard/pegs - Tinkertoys
   Hammer & Large Nail set -
   Picture puzzles (3-4 pieces)
   Nested blocks

3. Dramatic & Imitative Play

   2-3 Years

   Doll carriage - Broom - Sweeper
   Dump trucks - Simple trains, boats
   Toy animals - Small cars for dolls

4. Social Development

   2-3 Years

   Dolls-Doll Corner Materials:
   Bed-Bureau-Chairs-Tables-Carriage
   Kitchen set

5. Artistic Development: Arts & Crafts

2-3 Years

Easel - Large Crayons - Modeling clay
Bells - Drums

6. Stimulate Knowledge & Aid in School Activities

2-3 Years

Animal/Bird Lotto games - Rubber stamp print set - Animal/Bird picture puzzles

7. Development of Strength & Skill

4-5 Years

Bubble set - Racquet w/ball attached - Scooter - Sand digger - Simple rolling games - Balls - Roller and ice skates
Soft baseball bat - Bowling games

8. Constructive/Creative games

4-5 Years

Blocks - Paper to cut - Blunt scissors
Small beads to string - Simple tool chest
Feltboard - Puzzles (5-13 pieces) - Hammer and small nail set

9. Dramatic/Imitative Play

4-5 Years

Lawn Mower - Garden tools - Simple stores
Housekeeping toys - Fire engine - Farm set
Garage & Gas Station - Toy telephone

0. Social Development

4-5 Years

Toy village - Sandbox - Animal Lotto game
Play tent - Teeter-totter - Tea tables and chairs - Dishes

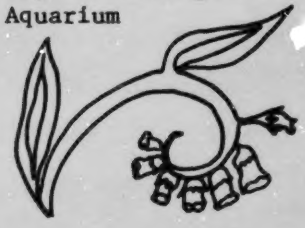
1. Artistic Development: Arts & Crafts

Easel - Large paints & Crayons - Modeling clay - Finger painting materials

2. Stimulate Knowledge/Aid in School Activities

4-5 Years

Object Lotto game - Scrapbook/Pictures
Aquarium



Hands-on Activities

GAMES TO FILL YOUR SENSES

SOUND

You can collect things around your home or school such as: rice, pebbles, sand, beans, paper clips. Put these items in a container such as: matchboxes, small milk cartons, frozen juice cans, plastic or metal salt & peper shakers.

- Paint or cover the containers with colored paper (so contents aren't visible). Seal the container with masking tape or wrap with rubber band to keep closed.
- Let the child shake the container, and listen to the sound to guess what's inside. Let the child match sounds that are the same. Talk about how sounds are different.

Sound Bottles

- Fill empty bottles (wine,soda,etc.) with different amounts of water. Leave one bottle empty.
- Let the child play the bottles by tapping them with a pencil.
- Cover the child's eyes; tap one of the bottles; then let her find the bottle which sounds like the first one tapped.
- You can use bottles of different sizes and shapes to make different sounds, also glasses.

SMELL

Collect baby food jars.

- Soak cotton balls with different scents that you find around the house: vinegar, baby oil, vanilla, orange juice, shampoo, bubble soap.
- Put scented cotton balls in different jars
- Decorate and cover the jars.
- Let the child guess what scent he smells when he opens the jar. (try blindfolding).
- Other things you can hide in the jars: cocoa, banana peels, coffee grounds,lemon juice, onion, garlic powder, herbs and seasonings, talcum, shaving cream,peanut butter, perfume.

GAMES TO FILL YOUR SENSES (Continued)...

TOUCH

Collect old, mismatched socks.

- Collect different things to put inside the socks such as: keys, cotton balls, marbles, feathers, sandpaper, small toys, a spoon, etc.
- Let the child put her hand in the sock and guess what the object is by feeling.

TASTE & TEXTURE

On a tray, set out different foods, i.e., peanut butter, orange slice, sprinkle of salt, chocolate powder, carrot, hard-boiled egg,etc.

- Blindfold, and have a tasting party, let children taste the different foods on the tray and guess what they are eating. They will use the texture of the food as an additional clue. (Some children will not enjoy being blindfolded and asked to taste "strange" foods. Let the child see what is on the tray so he will feel more comfortable about what he is tasting

My Stepchild
is Coming for the Holidays.

By Bobbye Krehbiel, Counselor at Albuquerque Special Preschool.

Children whose parents are divorced very often spend the holidays with the mother or father with whom they don't normally live. This can be stressful for everyone concerned. However, by using good sense, a little forethought and humor, holidays can be happy and fulfilling for you and your stepchild.

Get started in a positive way by talking to the parent that usually has the child. If your stepchild is older, also include him in the conversation. Find out about traditions that are important like special food that is served, or decorations that are displayed. Discuss gift-giving. Does the child usually make gifts? If he buys them, who does the shopping? If gifts are not exchanged at your house, talk about some alternatives. Talk over your expectations, needs and feelings about the upcoming holiday. Everyone can be made to feel more comfortable if yours and your stepchild's ideas can be combined or mutually satisfying alternatives can be found.

Small things that are done around your home can also help the child feel that he belongs and is welcome. Make sure there is a place for the child's things. (Items on one shelf can be stored in the garage for a few days.) Hang the child's crafts and drawings along with those of the step brothers and sisters. Be sure his photograph is among all the others. Provide personalized family objects, like Tee shirts or napkin rings for the stepchild. He should also be included in chores and family discussions. Grandparents and other relatives should be aware of the potential stress among all the children. They can be a good source for support and encouragement.

Pointers

MAKING THE HOLIDAYS WORK

Busy Parents

- Do your shopping by mail order
- Make an attractive arrangement of store bought cookies rather than making your own.

Cut Down on Holiday Expenses

- Choose one gift the whole family can enjoy, instead of buying for each individual in the family. Books fit into this category.

Margaret Othick

Things Children Really Want for the Holidays - from Unplug the Christmas Machine by Robinson & Staeheli

1. Relaxed and loving time with the family.
2. Realistic expectations about gifts.
3. An evenly paced holiday season.
4. Strong family traditions.

Self-feeding

A big accomplishment during early development is when a child learns to feed herself. The age that this occurs varies with each child, particularly those with special needs. A child remains fairly passive during eating time as long as she has to be fed. Therefore, it is good to encourage her to take part in the process as soon as she becomes interested in touching the food with her hands. You may want to place a bowl of cereal or yogurt in front of her while she is being fed. This gives her the opportunity to "squish" in it. Eventually, the hands will go to the mouth. This is the first step in self-feeding. Penelope Leach (1980) believes that the child should be given complete responsibility as soon as she can get the food from plate to mouth, in sufficient amounts, by any means she chooses and no matter how much mess results. Be prepared with a large bib and papers on the floor.

Pat Krchmar, a speech therapist at the Albuquerque Special Preschool, gives some suggestions for children learning to drink from a cup and eat solid food. These ideas are meant to be adapted to fit individual needs.

** Your child should be in a stable position in a chair. Rolled up towels or loose cloth ties may help provide support. The table or tray height should be somewhere below chest level. Feet should be resting on a solid surface.

** Cup drinking can generally be introduced after six months of age. Let your child take small sips from a cup you hold. Tilt the cup carefully, so only a small amount of liquid can be swallowed. Encourage your child to place her hands on the cup.

** Use a "tommy tippee" or similar cup with a lid to cut down on spilling.

** Encourage your child to use the cup for a few sips at each meal. Slowly increase the amount of time the cup is used. If your child can drink from a straw, let her. It is good for lip closure.

** Provide small pieces of food on your child's tray or in a bowl to encourage "finger feeding". Foods like cheerios, bits of bread, bananas, cooked vegetables, teething biscuits and cookies, yogurt and cottage cheese are good for this purpose. Try the following recipe for finger feeding:

Baby Omelette

1 egg beaten
1 tablespoon milk
Cook like an omelette using some oleo or butter, When cooked, tear or cut into small pieces.

** Gradually increase the texture and variety of foods. Start with pureed baby foods or make your own, then graduate to foods that are slightly thicker and lumpier, eventually working up to junior and toddler foods. Do not mash or grind home-cooked foods completely. Allow some lumps to remain.

** Start independent spoon feeding by placing your hand over the child's hand on a spoon. Help her scoop the food. Use simple directions such as, "hold spoon." As she learns the movements, help her less, support only her hand at the wrist. Offer help when needed, but decrease and stop help when you can. Use foods that stick well to a spoon, i.e., pudding, ice cream, cereal, mashed potatoes, apple sauce, and certain creamed dishes and vegetables.

** Provide small servings and encourage your child to request "more" or to point to ask for more.

** Mealtime should be enjoyable and unpressured. Provide lots of praise. Food itself will also be a reward. If your child is not interested or uncooperative, don't force the issue. Try again in a few days.

These are some very general suggestions which only skim the surface of a skill that can be difficult to learn. If your child is having trouble it may be helpful to talk to your pediatrician, a therapist or other professional. Two books that may be helpful are:

Handling the Young Cerebral Palsied Child at Home, E.P. Dalton & Co, New York, 1970.

Program Guidelines for Children with Feeding Problems, Childcraft Education Corporation, Edison, New Jersey, 1977.

Colds...

'Tis the Season!!

As winter weather approaches, cold and respiratory infections are not far behind. Colds are caused by virus infections. As typically thought, colds are not caused by going outside without a coat or having wet feet. These things may cause severe chilling, however, and the child's resistance may be lowered. When the child's resistance is low, there is less energy to fight off infection. It is important to keep your child's resistance up through rest, proper diet, and exercise.

Keeping a child indoors all of the time during the winter months is not the way to avoid colds. Being indoors with others for long periods of time just makes it easier for germs to be passed along and doesn't help prevent colds. It is healthy for children to be outdoors, for a short time anyway, where they can be active and get fresh air. Of course it is important to make sure the child is wearing warm clothing but not to the point that the child may be sweating. In New Mexico, where the weather can go from windy to cool to warm in a short span of time, it may be best to dress your child in layers (e.g., a tee shirt, then a pullover sweater, and a coat). This allows the child to add or take off clothing as needed.

If your child does have a cold, Penelope Leach gives some practical suggestions in her book Your Baby and Child:

If your baby has a cold, she may have to breathe through her mouth due to having a blocked nose. This is difficult and the baby also may need to breathe through her nose in order to suck. Nose drops may be recommended by your doctor to clear the baby's nose and help her feel more comfortable.

- Make sure the child drinks liquids. This is especially important if there is vomiting or diarrhea (to prevent dehydration). The child may not have a big appetite, let the child eat what he wants, unless the doctor orders otherwise.
- Keep fresh air circulating with rooms warm but airy. Keep the child at a "steady" temperature.
- If the child is running a fever avoid bundling her up. The child needs free air circulating about the skin to help reduce the fever.

Fever and vomiting may occur at the onset of a cold. With a cold, the child's resistance is lowered which makes the child susceptible to bacteria and other infections such as bronchitis, pneumonia, or middle ear infections. If the child runs a fever after the first day, has a thick, greenish-yellow nasal discharge, sore throat or wheezy cough, earache or loss of hearing, or appears lethargic, you should contact your doctor. The doctor may prescribe antibiotics which can fight against bacteria.

When you contact your doctor with questions about the child's illness, give information about the obvious signs such as sneezing, coughing, runny nose and temperature. It is also important to provide information about how the child is acting. Report any behaviors that are unusual for the child.

Reviews

Friends. Edrington, M.J.
Instructional Development Corp. 1978.

This book is about eight children who have different handicaps. It describes how they are similar to other children: they ride bikes, watch T.V., read, are members of a family, have pets, play outside, and are scouts. It also describes how they are different: some need to be in wheelchairs, others read in braille, while others receive help in special classes. The text is written for primary age children. They could read it on their own. An adult would have to actively participate in the reading and discussion with younger children. Photographs, as well as drawings are used to illustrate the text. The photographs are particularly good because the children could be your next door neighbors, they seem like real people rather than fictional characters. A discussion section is included. It poses such questions as, "what is teasing","in what way can people be different", and "have you ever been teased ?".

Resources

BOOKS -

- What's the Hurry? Developmental Activities for Able and Handicapped Children. by Ann Rogovin and Christine Z. Cataldo. $15.95 University Park Press Publishers.

  Learning materials, games and activities that can be easily and inexpensively made.

- How to Fill Your Toy Shelves Without Emptying Your Pocketbook. 70 Inexpensive Things to Do or Make. Prepared by Southwest Educational Development Laboratory. CEC Publishing. (Don't have price)

  Lists toys and games that can be made, with complete directions and lists of materials needed.

- Feed Me I'm Yours. by Vicki Lansky. $3.95 Meadowbrook Press.

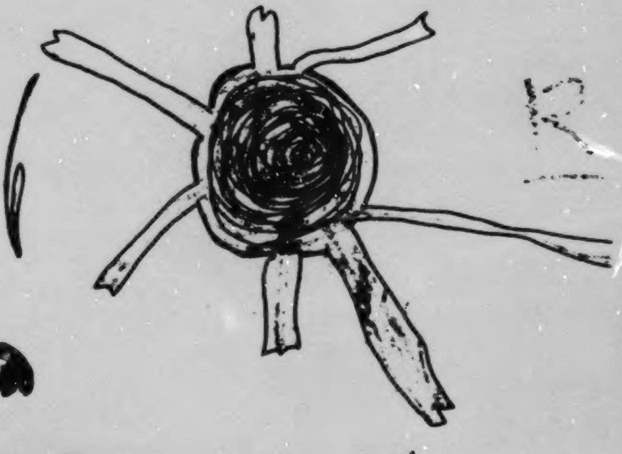
  Nutritious and fun recipes to cook for your children.

- Kindergarten Cooks. by Natalie Edge. Published by Pen-Print, Inc. (No price)

  A book full of yummy recipes for home and school and specially designed for young cooks.

- Unplug the Christmas Machine. by Jo Robinson and Jean Coppock Staeheli Quill Publications. $6.95

  Tips on how to spend the holiday.



REACH OUT

albuquerque
special
preschool

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Vol.2 No.2 February - March, 1984 Contact: Peggy Sheldon/Darro Routon

FOCUS

Is my child all right? This is a question parents ask throughout their child's early development. Once the child is old enough to attend school, teachers also assess whether or not he is growing and learning at the rate he should. Most children do fine, but there are some who require extra help and caring. The staff at Albuquerque Special Preschool works with many parents and regular school personnel who have children with special needs. We are aware of the concerns people have when a problem is first suspected as well as after it is diagnosed. This issue of REACH OUT provides readers with a variety of resources to use if you think your child or student has a problem. It also includes an article by a parent about being a child's advocate, and another article supporting early intervention programs for children with special needs.

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Milestones

For Normal Development

It is helpful to know the steps in normal development when questioning whether or not a child has a problem. This list suggests skills and ages for when they should be mastered. Most children start actually working on the skill much earlier. The list should be used as a general guideline. An example would be when a child learns to sit up. Babies start straightening their backs and sitting up with support from pillows at around 5½ months. Most babies sit very securely with no help by 9 months. If a child isn't sitting up by himself at that age, then you might suspect a problem.

4 months

Looks at the toy they are holding, turns to a loud noise, raises head, coos and laughs.

6 months

Reaches and makes sound to be picked up, reaches for playthings and food, smiles when seeing self in a mirror.

9 months

Sits securely with no support, drops things and watches them fall, drinks from a held cup.

1 year

Tries to say new sounds, plays pat-a-cake, stands by a chair, looks for a toy when it goes under a chair.

15 months

Walks alone, seldom falls.

18 months

Takes off shoes, points to objects in

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the room when asked, asks for cracker by trying to say the word, imitates actions like brushing teeth and hair, typing, feeding doll.

2 years

Runs well without falling, unscrews the toothpaste top, finds own shoes from a group of shoes, puts two words together i.e., "more milk".

2½ years

Names things they see when taking a walk i.e., "red car", enjoys listening to stories and looking at picture books, shows willingness to share, jumps in place, unzips jacket.

3 years

Uses understandable words to tell how they feel, copies a circle drawing, uses a spoon well, walks upstairs.

4 years

Understands taking turns, is toilet trained, remembers simple jingles and sayings, catches a large bounced ball.

5 years

Draws a recognizable picture (person, house, square), dresses and undresses (does not include difficult fasteners), gets needs met by asking questions.

From MY BABY'S BOOK, developed by the staff of the John F.Kennedy Child Development Center. Produced by the Colorado Dept.of Education. 1-(303) 866-2834.

Interview

What Regular Preschool Teachers and Daycare Providers Have To Say. By Linda Askew, Integration Specialist, Alb. Special Preschool.

It is the job of daycare providers and the regular preschool teachers to serve the needs of a variety of children and their families. Our experiences and education have provided us with a basis for what to expect from children at various ages. Occasionally, we may come across a child who does not respond as expected. One of the hardest jobs a preschool teacher may face is determining whether this child just acts a little differently or if this is a child who may require additional assistance. Once it is decided that the child does have some special needs, then it is the regular preschool teacher who must talk about these needs with the parents. It is a difficult task because often, parents want answers that teachers cannot provide, such as medical causes that effect a child's development.

We interviewed several daycare centers and regular preschools. The goals were to determine how various schools evaluated a child who might have a problem, how they acquired professional assistance and how they approached the parents about their child's special needs. Following are excerpts from the interviews:

What signs, skills, traits or behaviors do you look for when concerned about a child's development?

- Behavior that is not age-appropriate, this could be emotional, cognitive, social
- If the child has a short attention span during circletime, look at their attention span during other activities
- If the program follows a curriculum, look to see what skills and behaviors the child has that are different from those expected

What methods do you use to collect data?

- Ask the coordinator or director to observe
- Bring up concerns at staff meeting, observe for a month, then meet again and reevaluate concerns
- Talk to past teachers when possible
- Do formal tests and make sure of facts before approaching the parents
- Set up activities similar to those with which the child had problems to see how often and when the inappropriate behavior occurs

How do you approach parents about your concerns regarding their child?

- Sometimes, parents approach us....we problem solve together

- Tell parents "Let's solve this now before it becomes a bigger problem."
- Have regularly scheduled parent/teacher conferences
- Maintain daily contact with parents. This helps establish good rapport
- Be prepared with solutions, guidelines or resources if you present a problem to parents
- Present a "united front". Parents are going to have a hard time receiving this information so each staff member has to agree upon what will be said
- Sometimes, parents deny the problem, we slowly work with them to establish rapport and give them as much information as they are able to hear
- Our approach varies with each family, we consider the family's finances when making recommendations
- Director acts as liasion at parent/teacher conferences

What other professionals do you utilize or what other resources are you aware of?

- First, ask parents to consult their pediatrician
- Research for appropriate programs that can serve the child
- We have had psychologists on our board
- Other parents might be a professional in the field
- Private psychologists and a diagnostician work with us
- We use our own staff as observers

In what ways do you work with parents and staff to continue planning to meet a child's needs?

- Follow up to see if parents made contacts to get additional services needed
- Any agencies involved with a child are asked to meet with our staff
- Continue to discuss the child at staff meetings so that all teachers deal with the child consistantly
- Look at what the child can do and expand on that

In summary, most programs interviewed agreed that observations and data are extremely valuable especially when conferring with parents. All were comfortable about relying on their own feelings and experiences. Most believed in addressing the concerns as soon as possible and some utilized outside resources.

Thanks to the following people and programs for their responses:

Eileen Davis, Director,La Puerta De Los Niños.

Jane Wolf, Preschool Coordinator, Sunset Mesa.

Judy Baron, Co-Director, Serendipity Day School.

Terry Grubbs, Director, Christian Care Center.

Cynthia Basye, Director, Mariposa.

Roberta Briggs, Director, La Floresta.

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Hearing Problems

And what to look for –

By Debbie Maier, Speech and Language Pathologist, Alb. Special Preschool.

Hearing loss is one of the most serious and least recognized disabilities. A hearing loss may be mild or severe. Undetected and untreated, hearing loss could impair a child's speech and language, learning ability and social growth. Early recognition and treatment of a hearing loss is very important. A child may be born with a hearing impairment or may acquire a hearing loss due to: frequent middle ear infections, fluid in the middle ear, diseases such as meningitis, or injury, such as a sharp blow on the ear. Symptoms vary with age. Basically, you should watch for these warning signs:

NEWBORN

- Doesn't startle by handclap 3-6 feet away
- Isn't quieted by mother's voice

8-12 MONTHS

- Doesn't turn head toward familiar sounds
- Doesn't jabber in response to human voice

1½ YEARS

- Isn't using a few single words

2 YEARS

- Can't follow simple commands
- Can't repeat phrases

3 YEARS

- Can't locate source of sound
- Can't understand and use common words

4 YEARS

- Can't give connected account of some recent experience
- Can't carry out 2 simple directions in a row

Whenever a child is delayed in speech and language, hearing should be checked. If your child has even one warning sign, consult your pediatrician and an audiologist or otologist. Speech and Hearing clinics can also help.

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Warning Signs

Of Vision Problems -

The New Mexico School for the Visually Handicapped urges you to check for the following signs which may signal eye problems in children:

APPEARANCE

- Crossed eyes
- Red-rimmed, encrusted or swollen eyelids
- Inflamed or watery eyes
- Recurring styes

COMPLAINTS

- Eyes itch, burn or feel scratchy
- Cannot see well
- Dizziness, headaches, or nausea following close eye work
- Blurred or double vision

BEHAVIOR

- Rubs eyes excessively
- Shuts or covers one eye, tilts head or thrusts head forward
- Has difficulty in reading or in other work requiring close use of the eyes
- Blinks more than usual or is irritable when doing close work
- Stumbles over small objects
- Holds books close to eyes
- Is unable to see distant things clearly
- Squints eyelids together or frowns

If you know of a child who has any of these signs, please contact an opthamologist. For more information or to refer a child,please contact: Joe R.Dominguez,
NMSVH Field Services
124 Richmond S.E.
Alb, N.M 87106 (505) 268-9506

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Identify The Problem

Help from Programs For Children —

By Mary Fortess, Educational Coordinator, Albuquerque Special Preschool.

What do you do when you feel a child is not developing as fast as other children at the same age? At first, you look closely at what the child is doing. Identify some of the skills the child seems unable to do. Say, "Tommy can't put two words together, when all the other 2 year olds can", or "Bobby doesn't seem to babble; instead, he makes a single grunting sound when he plays or wants attention", or "Mary doesn't reach out for an adult when she wants to be held. All the other 6 month old babies can do that." Then, make a list of some of the skills that seem to be very different from other children the same age. The list will help you understand your concerns better and enable you to talk to the necessary people more easily.

Once your concerns are identified, then talk to someone who can determine at what level the child is presently working. I would recommend contacting Programs For Children in Albuquerque. Typically, parents would make the initial call; however, other involved adults (teacher, nurse, aunt,etc.) might call Programs For Children instead. This would happen if a parent asked someone else to make the call, a parent is not involved with the child at present time, or, additional information needs to be gained in order to involve the family.

Programs For Children is an agency which works with children and their families to answer questions about a child's growth and development. A preschool child can be evaluated at no cost to the family. Insurance will be billed when available, but a family will never be billed. Programs For Children is made up of a team of professionals. The people involved in the team include a pediatrician, child psychologist, speech and language specialist, physical therapist, occupational therapist, social worker, and a nurse. The parents meet first with a member of the team to discuss their concerns and give a brief description of their child's development and growth up to the present time. At another time, the parents bring in their child and the team members work with him to determine where he is functioning and whether or not he has other special problems. Finally, there is a time when the parents sit down and discuss the testing with members of the evaluation team. Team members talk about the way in which a child moves his body, how he understands what is said, how he talks or communicates his ideas to others, how he dresses, feeds and toilets himself. They also talk about his thinking skills, how he solves problems and how he figures out the world in which he lives. At this time, the Programs For Children staff would give parents names of people and places that can provide assistance, if there is a problem. They can also provide assurance if there is no problem.

It is scary to admit that a child whom you care about may have learning problems. That makes picking up the phone and calling a professional very hard. However, the earlier a child's needs can be identified, the faster something can be done to help. Children learn a great deal before they reach five years of age. Children with learning problems make greater gains in their growth, if they can get help at a very young age.

PROGRAMS FOR CHILDREN (505) 843-2950
2600 Marble S.E. Alb, N.M 87106

Evaluation Centers

Around New Mexico -
By Deborah McCue, Statewide Outreach Coordinator, Albuquerque Special Preschool.

There are three other evaluation centers in New Mexico that provide services for families who think their child might have a problem. Their service delivery is like that at Programs For Children in Albuquerque. (See "Identify the Problem - Help from Programs For Children" on page 4.)

Center for Child Development
Santa Fe 827-8890
Marilyn Sakara
Dora Lucero

Center for Child Development
Las Cruces 523-6131
Isabel Tapia
Eileen Taylor

Center for Child Development
Roswell 622-2000
Margaret Reid
LaDell Sanders

Both the Centers for Child Development and Programs For Children have outreach teams that travel to surrounding cities. These teams may include a pediatrician, child psychologist, speech and language specialist, physical and occupational therapists, social worker and a nurse. Call the nearest Center for Child Development to see about the possibility of an outreach team visiting your town.

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Why Early Intervention

By Gail C. Beam, Director, Albuquerque Special Preschool.

Children learn at an astounding rate when they are very young. The transition from a helpless infant to a resourceful four-year-old is quite remarkable. Because early growth is so rapid in all areas of development, we believe that it is important to offer help as early as possible when children are not developing normally.

Much of the child's cognitive growth depends upon his ability to interact with the environment. If the child has difficulty moving about, then learning will also be difficult. Qualified therapists may be able to help the family promote better motor development. Or, they may be able to assist with feeding problems or language stimulation.

Parents may benefit further from suggested home programs, specific training or support from the staff or other parents, all of which may be available from an early intervention program. Parents may also learn to become their child's best advocates. This can be very helpful when specialized medical or educational services might be necessary in the future.

Research has also shown that early intervention with children and their families can be effective in improving the child's functioning over time. All of these reasons prompt us to recommend early intervention when a child displays delays in development.

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What is an Advocate

Article by Polly Arango taken from September-October issue of "Parents Reaching Out" (PRO) Newsletter.

One of PRO's primary goals is to advocate on behalf of developmentally disabled children and their families. What does that mean? And what responsibility do you, a parent or teacher of such a child have? As far as PRO is concerned, all parents must advocate for all of their children, whether those children are handicapped or not. That is because children cannot do it by themselves. They cannot speak out against a rule that makes them sit in a handicapped bus before school while other children run around and play; they cannot rage against a system that does not give them enough physical therapy; they cannot protest when a teacher chooses to ignore them; they cannot write letters to the governor begging for nursing care or medical help. But we as parents can and must. If we don't, who will?

As PRO gets more and more involved in advocacy efforts, we have learned that there is a very fine line between being an advocate (one who speaks in favor of something) and being an adversary (one who is an opponent or an enemy). An advocate is positive; an adversary is negative. An advocate tries to help, to reason, to speak on behalf of someone in a positive way. An adversary goes into a situation convinced that the other side is wrong; that a battle is being waged; that there can be no compromise. We like to think that advocates are more successful than adversaries.

PRO urges other parents to be advocates. We need parents to speak up on behalf of their children. We want you to know that asking for something for your child, something that you are convinced is fair, necessary, and reasonable, is not selfish; is not "bugging people"; is not "asking for too much". You are asking not for a favor; you are requesting a service that someone is being paid to provide.

PRO recently tried to help a mother who needed respite services for her child. She was sure that she was bothering us, bothering the doctor, and was being unreasonable. We tried to convince her that she certainly knew what her child needed (respite) that her doctor was there to serve her (or else why be a child's doctor), and that we also were there to serve her. Parents often feel guilty when they ask for things for their children. Teachers and doctors often play upon that guilt ("If you can't manage him, we will give him respite"). PRO says that asking for help is fulfilling your responsibility to your child. If your child is handicapped, she/he needs your advocacy even more.

Once you have learned that YOU must advocate for YOUR child, we ask you to look around and see if other children or families might need some help in that field. Maybe you can speak for them and teach them. That's what parents support is all about.

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Finding Support

By Bobbye Krehbiel, Parent Counselor

Many parents find themselves in need of someone to talk with when they have concerns and questions about their special child. One group that is organized and run totally by parents of special children is PARENTS REACHING OUT (PRO). This organization is located in Albuquerque but has contacts with parents throughout the state.

Parents wishing more information should call this volunteer organization at - (505) 842-9045 or write to them at - P.O.Box 12474, Albuquerque, N.M 87195.

Local United Way agencies are often a good source to call to get information on current support groups in your area. There are United Way agencies listed in Alamagordo, Albuquerque, Artesia, Carlsbad, Clovis, Farmington, Gallup, Grants, Hobbs, Las Cruces and Los Alamos.

Families also get help from national organizations:

Association for Children with Learning Disabilities
4156 Library Road
Pittsburg, PA 15234

Association for Retarded Citizens
Albuquerque: 1408 San Pedro N.E.
Alb, N.M 87110
255-5516

National: 2709 Avenue East
Arlington, Texas 76011

Epilepsy Council:
Albuquerque: Richard Kainz
296-2933

National: 4351 Garden City Drive
Landover, MD 20785

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CURRENT EVENTS

EARLY CHILDHOOD DEVELOPMENTS IN NEW MEXICO

Although New Mexico does not provide a public education for developmentally disabled children below age five, many of these children receive services in community programs. There are a number of recent developments which may improve future services to young children. We thought that we should share these with you:

1. The Early Years: A Plan for New Mexico's Disabled Children is now available through the N.M. Developmental Disabilities Planning Council at 440-B Cerrillos Rd., Santa Fe, N.M 87503. The plan outlines numbers of children in need of services, kinds of existing services, and makes recommendations for future planning.
2. Legislation may be introduced in 1985 to lower the age of eligibility for public school to include 3 and 4 year old disabled children. During the 1983 Legislative session, House Joint Memorial 16 was passed, directing the LESC (the Legislative Education Study Committee) to study this issue. The LESC has already begun this task, and their work looks promising.
3. In March, 1984, the State Board of Education is expected to reconsider the issue of accepting federal funds under Public Law 94-142. If this issue were passed by the State Board, federal monies would be available for early childhood programs. The state would also be eligible to apply for other federal grants to help serve more young children.
4. If you have questions about current services to young disabled children in New Mexico, you might want to contact Barbara Ortiz, early childhood specialist, or Lou Landry, Bureau Chief, Developmental Disabilities Bureau, N.M Health and Environment Dept. (HED) P.O.Box 968 Santa Fe, N.M 87503 (1-984-0020. ext.241.)

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WORKSHOP

New Mexico Association for Young Children (N.A.E.Y.C)

When: Saturday, March 3, 1984

Where: Albuquerque Convention Center

Theme: Excellence in Education for the Young Child.

THANKS!!

- for feedback and letters of support from:
  Elpiniki Leodas, Education Coordinator of the Eight Northern Indian Pueblo Council Headstart
- and Marie Fritz, Executive Director Developmental Disabilities Planning Council

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REACH OUT

albuquerque
special
preschool

3501 Campus Blvd. NE
Albuquerque, New Mexico 87106
505 / 266-8811

Vol.2 No.3 Spring Issue - April, 1984 Contact: Peggy Sheldon/Darro Routon

Focus

Most families share similarities: Parents find joy in watching their child develop, they want to make sure time spent together is enjoyable, parents need to find time to do adult activities of their own, and there is a need to know more about interactions that occur between family members. This edition of REACH OUT will include articles, suggestions and books that may enrich a family's own good resources. A section on siblings of handicapped youngsters is included. It is felt that their unique feelings and needs require special attention. We enjoyed putting together this issue because it allowed us an opportunity to gather our own resources on the "family" and put it's importance in perspective.

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Special Request

We appreciate the feedback you have given us about the newsletter. Some of you have asked to Xerox portions of REACH OUT. Please do! We are happy that you can use the newsletter in any way. We need to report how many programs and people we impact. This helps us receive adequate funding. Please call or write us whenever you do copy an article, with the following information: 1) how many copies were made; 2) how many people will read the article; 3) what kind of organization received copies (regular preschool, special education program, health clinic, etc.).

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Siblings: Did your Special Brother/ Sister Come with Directions?

Bobbye Krehbiel, Counselor - Albuquerque Special Preschool

Parents of handicapped children have many questions. Brothers and sisters of these youngsters have as many if not more questions. To date, there is relatively little research on siblings of special children. Frances Grossman surveyed college students who had a retarded brother or sister (Psychology Today, 1972). She found that some were more compassionate and tolerant and actually benefited from having a handicapped brother or sister. They seemed more certain about personal and vocational goals. Others were emotionally harmed because they felt too much time and energy had been given to the special child. These siblings felt that they were not included in trying to understand the exceptional child's behavior and how to deal

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with it. They often expressed fear that they might be defective. Other researchers have said that there are more negative attitudes if siblings are required to supervise and care for the special child a great deal. Grossman said that the strongest factor affecting the normal sibling's acceptance of the special sibling is PARENTAL FEELINGS AND REACTIONS, especially those of the mother.

We observed siblings that have a brother or sister attending Albuquerque Special Preschool. They wanted to know how they could get along better with this brother or sister, how they could help them learn to do things and play, and what to do when babysitting. Parents and professionals do not have all the answers as to why chromosomes get lost, why some chemical imbalance occurs in the brain, or why some parasite invades the system. They can help explain many behaviors that are a result of these abnormalities to brothers and sisters that need to know this information.

A word to parents.......

Remember that each child in your family is a valuable individual in need of recognition and attention. They also deserve to know and understand as much as you do about their special sister or brother. They too need to get on with loving this child as he or she is, not as everyone wishes he or she would be.

How do your children feel about the special child in the family? Try giving them this short survey and be prepared for discussion. Each parent should take the survey first. Try to imagine what questions might result and what answers would be given.

SIBLING SURVEY

Fill in the blanks with your special brother or sister's name. Read each sentence. Choose between "yes","no","maybe" or "I don't know" so that each of the statements agrees with your feelings. Write your choice by each number. Then, if you are up for it, talk to your parent(s) about each statement........

1. I think there is something different about________________. ________
2. My parents say__________________has a handicap. I understand what caused this and what it means. ________
3. I wonder if I could have the same thing wrong with me someday.________
4. I think my parents tell me everything they know about___________. ________
5. I am afraid to ask questions.________
6. My parents spend as much time with me as with.________________. ________
7. I feel like I have to work harder to make up for_______________handicaps. ________
8. I don't think there is anything wrong with_______________,but I do think my parents spoil him/her too much.______
9. I have to take care of_______________ more than I want to. ________
10. If_______________were not around, I could do more and have more things. ________
11. It is easy to explain to my friends about___________problems. ________
12. I don't know what to do if someone makes fun of_____________. ________
13. Someday I will be able to have children with no handicaps. ________
14. I wonder if I will have to take care of _____________if something happens to my parents. ________
15. I don't know what to do when_________ acts weird or won't obey me.__________
16. My parents seem to constantly worry about______________. ________
17. I feel guilty when I get mad at ________________. ________

Siblings........

By Robert M. Keteyian, Child and Family Therapist, Mental Health Consultant, Ellsworth, ME.

Siblings of handicapped children experience a range of feelings, just as their parents do - love, anger, appreciation or loneliness. Sometimes they are embarrassed around their friends; sometimes they are proud of the accomplishments of their brother or sister. Many children become very parental toward their handicapped sibling at a surprisingly early age. Often they learn compassion for others who are different.

Some may be bitter and ask "Why me?" or "Why us?" They may worry about whether or not they will have a handicapped child when they become parents. They also may wonder and worry about their responsibilities for the handicapped brother or sister when they are all adults. Often these children are silent about their emotions.

Accepting Your Child's Feelings

None of these feelings can be prevented. They are all realistic responses to the experience of having a handicapped sibling. They are not good or bad - they exist. The important thing is to encourage your child to express these feelings and then to accept them, to feel comfortable with them. Hiding them hinders growth. If emotions are not expressed, they can cause children to become depressed or angry.

Guilty Feelings

Siblings of handicapped children usually experience guilt. Some feel that they should have been the one afflicted. Others may feel that they caused the handicap. Of course this is not logical, but our feelings don't follow logical patterns.

Mostly, children feel guilty for having so-called "negative" feelings toward their sibling who is handicapped. They think that they must be terrible to wish they never had such a brother or sister, or that the handicapped child would die. They also feel guilty for wanting more attention than the handicapped sibling. At times, they are resentful of the attention that this brother or sister gets and the restrictions placed on the whole family because one member is handicapped.

Again, if these very normal feelings are not expressed, there may be negative effects on the child who is experiencing them, and on the whole family. The child may think that it is the feelings themselves that are bad, rather than realizing that it is the suppression of feelings and the isolation that hurt so much. This happens to all of us, young and old. Sometimes children become despondent, do poorly in school, or begin getting in trouble as expressions of these internal difficulties. It is important for us as parents and professionals to be on the lookout for these signs of conflict.

The Importance of Independence

Another area of concern is that the siblings of handicapped children are often overprotective. They don't like to see their brother or sister struggling and often failing. They experience pain from these situations. They think that "it's not fair." Perhaps they are right. But fairness is not the point. Learning to be as independent as one can be is the point. That involves pain because it involves growth. Certainly in the short run, it's a lot easier to do something for someone you love, but ultimately it can be damaging. It can cause intensely ambivalent feelings between siblings. Of course this is an area in which children learn best by the example of the adults around them.

Helping our Children Cope

As parents, we can be of most help to our children by being honest with ourselves about our own feelings. Once we can do this, we are more likely to recognize similar feelings in our children and set the kind of example from which they can learn.

We can also help our children to use their sense of humor as a coping device. Sometimes kids feel that they are being cruel or insensitive when they see humor in a situation involing their handicapped siblings. They confuse "laughing at" with having a sense of humor, and may feel guilty about their "laughing" feelings.

Primarily, it is important to listen and to understand your children's feelings. This can be painful, but also enriching. Rather than experience only the burdens of having a handicapped sibling, a child in these special circumstances can be helped to learn and grow.

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We All Play Music

By Ann P. Turnbull, a noted author in early childhood and special education. The article is from the Young & Special video series.

It is much easier to talk to a four year old about children in wheelchairs than about a 12 year old brother with a brain that works slowly. We had decided not to talk to Amy about Jay's problems until she asked. We felt that her questions would be an indication that she was really ready to explore this issue. She never asked because it was all very normal to her - that was the only way Jay had ever been. Her friends started asking her, "Why does your brother act so strange?" "Why can't he talk clearly?" "Why does he dangle his fingers in front of his face?" Since Amy did not know how to relate to these questions, we decided that it was time to plunge in and to talk with her about Jay's mental retardation.

One evening, Amy and I were chatting and I said "Amy, there's another handicap that we havn't talked about and it is one that I think is important for you to know about. It's mental retardation. Mental retardation means that someone's brain is damaged in some way so that they learn more slowly than other people." Very nonchalantly she said, "I don't know anyone like that." And I said, "Yes, you do. Jay is mentally retarded." She was shocked and disbelieving. I asked her if she had ever wondered why she was able to do things at 4 that Jay could not do at 12. Well no, she had never wondered that. I asked her if she could think of some of those things, and she rather quickly listed them. We talked about the fact that Jay has not yet learned to do these things because his brain is damaged and works slowly. I told her that he could always make progress, but that he would always learn more slowly than most other children. Amy asked how her brain and her little sister's brain worked. I told her their brains worked fast. She thought for a while and she said, "Mommy, is it like my record player? I said, "What do you mean? She responded, "There is that button on the side and if you push it one way the record goes slowly, and if you push it another way, the record goes fast." And I said, "Amy, I've never thought about that, but that's a wonderful example. Brains work on different speeds just like record players. Sometimes they work slowly and sometimes they work fast." She thought for a minute and then said I was failing to tell her one very important thing: "It plays music on both speeds. Jay might be slow and Kate and I might be fast, but Mommy, all three of us still play music." I could have thought for 25 years and never come up with that kind of example.

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Hands-on Activities

THINGS TO DO IN THE KITCHEN

By Darro Breshears-Routon, Integration Specialist, Albuquerque Special Preschool

Parents who spend time cooking while caring for an infant or toddler know it can be difficult. Meal preparation time is often when your child wants your undivided attention. Take heart! The kitchen is one of the best places to entertain youngsters. You have a variety of materials at your fingertips. Some of the ideas presented here will take a little extra effort on your part but the payoff is that a meal can be cooked or the kitchen cleaned while your sanity remains intact.

Infants - Birth to Five Months

** Place your infant in an infant seat on the countertop while you work. Talk to him about what you are doing. Show him the dishes you are washing or the potatoes you are peeling.

**Put a small rug on the kitchen floor. Tie colorful, moving objects on the bottom of a T.V tray or chair and put it on the rug. Place your baby underneath the chair or T.V tray so he can look at or bat the objects with his hands. Change the dangling objects often so he won't loose interest. Be sure to include things that make noise like a bell or a rattle.

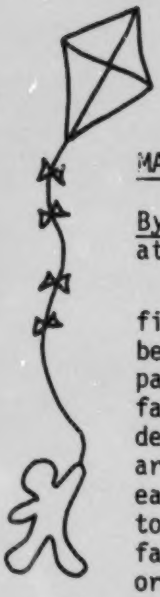
Older Infant/Toddler

**Once the child can crawl around and pull himself up onto things you can make a lower cabinet or drawer just for him. When the baby is between eight months and a year old provide a lot of little objects he can throw out and put back in the drawer. These would include plastic lids, bowls, cups and wooden spoons. When he gets to be a year old he'll like to manipulate things and imitate your actions. At that time provide things like a sifter and egg beater, plus bowls, pans and spoons.

**Let your baby play with a sack of potatoes or oranges. He'll enjoy watching them roll and chasing after them. Also, give him a paper sack or grocery bag to fill with different items from the kitchen.

**When you are making something with dough let your toddler "help" stir it and roll it out. After you are through, let him play in the flour. Perhaps a small piece of dough can be saved that he could play with like clay. Licking the bowl after something has been mixed is also a favorite of young children.

**The other night, it was my turn to do dishes. My daughter also wanted my attention and affection after a long day at the babysitters. As a last resort, I filled one side of the sink with water, undressed Brett and put her in. Then I proceeded to do the dishes in the other sink while she happily played in the running water. We were able to chat about the day's events and she felt she got her due attention. In the end, she had her bath and the kitchen was cleaned too. Now this is a regular occurance.



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MAKING THE MOST OUT OF YOUR TIME TOGETHER

By Peggy Sheldon with input from staff at Albuquerque Special Preschool

As more parents are working they are finding the need to juggle their time between family, home, and work. Those parents working in the home are also faced with many responsibilities as they deal with our fast pace of life. Families are realizing the support they need from each other and the need to spend time together. It is great to plan special family activities like a trip to the zoo or a picnic which is a break from the routine. Yet it is also important to take a close look at the time spent with family members in daily routines such as dressing, eating, and cleaning. These activities occur daily so there is no need to make big changes in an already busy schedule. Be imaginative and look at your daily routines from a different perspective. Talk with your family about spending time together and making those daily activities fun. This is valuable time together and often the length of time isn't important, as long as it is enjoyable!

Following are some ideas on how to squeeze in time together through daily activities. Change these to best fit your family's needs and have fun coming up with your own ideas.

Rise and Shine

Morning time can be hectic as everyone is trying to get ready for work or school. Children often seem to feel the tension and the pressure of being on time. They may respond by being uncooperative, disrupting the schedule,and causing everyone to be late. Be prepared and flexible with your schedule.

Wake up your child by singing or playing a call and response game. The child will wake up as you talk to her. Turn on some of the child's favorite music or put a favorite wind up musical toy by her pillow.

Dressing

Help the child choose appropriate cothing and whenever possible, allow the child to choose what he wants to wear. A good time to do this is the night before. This gives the child a sense of control as well as encouraging independence and responsibility. You can talk about the types of clothing, the colors, or the texture of the material. You can also discuss body parts, the day of the week, the season and the weather. While dressing, you can play tickling games or give a quick massage, i.e rub the legs and feet as you put on socks and shoes. Point out the top and bottom of clothing, right and left, inside and outside.

Scrub-A-Dub

You can have a fun time with bathing or cleaning up by having a tub of water toys for your child on hand. Lots of plastic cups, old margarine tubs, empty shampoo containers, sponges and toys such as plastic animals can make clean up more enjoyable. You can teach concepts about wet and dry, empty and full, and give the child opportunity for dumping and filling. Often, once the child is in the tub, it is hard to get them out. Let the child know in advance an approximate time of when the bath will end, i.e., "When I'm finished drying my hair it will be time for you to rinse off", or set a timer. Have something special waiting for the child when he gets out of the bath. This can be a surprise or something the child knows he can look forward to. It may be that a story is read as he dries off, a special rub down or massage is given, lotion or powder may be applied, or he may pretend to get his hair styled. Again, you can play games that involve body parts, talk about wet and dry, hot and cold, pretend to be in a boat, or be a fish.

Let the child do as much of her hand and face washing, brushing of teeth, and combing of hair as possible. Have a stool handy so the child can reach the sink. Have a mirror that she can look in.

Come and Get It

Children can be involved in preparing meals (see Things To Do In The Kitchen for more ideas). They can help stir, mix, find ingredients and utensils, set the table and help with clean up. Give the child tasks that you both feel he can handle, avoid setting up a frustrating situation.

While eating you can discuss the day's events (What is the best thing that happened to you today?"). At breakfast, you can share dreams remembered from the night before. You can talk about the meal, how it was made (sequencing events), nutrition and health.

On The Road Again

Make the most of the time spent driving from one place to another. One parent suggests getting in the habit of turning off the car radio so that you can talk with your child. You can discuss the day's event's, where you are coming from or going. You can observe what is around you - cars, people, weather, plants. While the child is in the carseat, you can play games such as: Green light means GO. Red light means STOP. Look for blue cars, look for signs and landmarks to figure the route being driven. Another parent found ways to entertain her young child while he was in a carseat by decorating the back seat that he faced. She taped an 8x10 picture of the family onto the seat and talked about it as she drove. She also taped up different designs made out of colored paper for him to look at. Yet another parent taped stickers to the back of the car seat that faced the child for him to look at and touch. Singing familiar songs or simply talking to a young child will reassure her that you are still there, even though she may not be able to see you.

About The House

There are many ways to involve your child as you do things around the house. Together, you can sort laundry by colors and type of clothing, load the dryer, match socks as you fold clothes, and put clothes away. Children also enjoy being outside and can help rake leaves, water plants, take care of pets, clean out the garage. A parent points out that it is important to plan for uninterrupted time daily with your child. You might want to read a book together, work on puzzles, or just talk. Even if it is only 15 minutes with your child, this special attention is important. She suggests to take the phone off the hook if necessary. Enjoy this time together - it will make a difference!

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Resources

RESPITE CARE CONTRACTORS -

1. McKinley Area Services for the Handicapped, Inc. (M.A.S.H)
   Director: John Hellebust
   P.O.Box 1332
   Gallup, N.M 87301
   Phone: 722-4383

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2. Las Cumbres Learning Services,Inc.
   Director: Pat Tompkins-McGill
   P.O.Box 663
   Los Alamos,N.M 87544
   Phone: 662-4323

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3. The Resource Center,Inc.
   Director: Nat Hilliard
   1500 North 3rd Street
   Grants,N.M 87020
   Phone: 287-7985

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4. Esperanza Para Nuestros Ninos,Inc.
   Director: Cathy Norris
   P.O.Box 12212
   Albuquerque,N.M 87105
   Phone: 873-0600

5. Eastern N.M Rehabilitative Services for the Handicapped (ENMSH)
   Director: Robert Spencer
   P.O.Box 1706
   Clovis, N.M 88101
   Phone: 762-3718

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6. Zia Therapy Center, Inc.
   Director: Richard Barbaras
   900 First Street
   Alamagordo, N.M 88310
   Phone: 437-3040

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MORE RESOURCES ---- BOOKS

Books can be used to help both children and adults better understand a topic or issue. The following are books that may provide insight and information about family issues:

I Have a Sister, My Sister is Deaf - Jeanne Whitehouse Peterson. Harper and Row, 1977. Price $10.00

Warm, intimate pictures and a poetic text evoke an appealing portrait of a young deaf child and her family.

Sunshine - Jan Ormerod. Picture Puffins, Hong Kong, 1983. Price $2.95

A picture book about a small girl who gets up earlier than her parents. This is an affectionate portrayal of the first hours in a family's day.

Matthew & His Dad - Arlene Alda. Simon & Schuster, Inc.N.Y, 1983. Price $7.95

Matthew is a six year old boy who wishes his busy working father would spend more time with him. When Matthew's dad loses his job, Matthew hopes that this means they will have more time together. However his dad is busier than ever, looking for work, and is tense and worried. Things work out and they both grow from the experience.

BOOKS - Continued..

Sonya's Mommy Works - Arlene Alda.
Simon & Schuster, Inc.N.Y, 1982
Price $7.95

Sonya, a six year old, deals with many feelings when her mother goes back to work. She has to deal with new schedules, parent substitute, feelings of loneliness, anger, frustration. Her life seems to be chaotic compared to the way it was when her mother was home.

Just Momma and Me - Christine Engla Eber.
Lollipop Power, Inc. 1975. Price $3.25

A story about Regina and her single mother. They do wonderful fun things together, then mother meets Karl and falls in love. Now they are a family of three. Soon mother is pregnant and Regina slowly adapts to the idea of sharing her life with several people, not just mommy.

Now I Have A Stepparent and It's Kind Of Confusing - Janet Sinberg Stenson.
Avon, N.Y.,N.Y., 1979. Price $2.95

A book that explains remarriage to young children.

Divorce Is A Grown Up Problem - Janet Sinberg Stenson. Avon, N.Y.,N.Y.,1978.
Price $2.95

A book about divorce for young children and their parents.

A Little Time - Anne Baldwin, Viking, N.Y., 1978. Price $6.95

Sensitively describes the rewards and difficulties of growing up with a handicapped family member. The story is told from the viewpoint of 10 year old Sarah whose 4 year old brother Matt is retarded.

A Father Like That - Charlotte Zolotow.
Harper & Row Publishers.

A young boy dreams about a special father to do things with and to love. His mother suggests that some day he can be a "father like that".

Nobody Asked Me If I Wanted A Baby Sister - Martha Alexander. Dell Publishing Co.

Oliver isn't "ready" for a new baby sister to be brought home. This story discusses his jealousy in a humorous way as Oliver tries to find a new home for his baby sister.

A Difference In The Family: Life With A Disabled Child - Helen Featherstone.
Penguin Books, 1980.

A useful book for parents and professionals.

He's My Brother - Joe Lasker. Albert Whitman & Co., 1974.

A young boy describes what his slow-learning brother, Jamie can and can't do. This book deals well with sibling feelings and perceptions.

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MORE & MORE RESOURCES ------WORKSHOPS

"Quality Time With Kids"
April 10, 1984 - 9:30 am - 11:30 am
Register Early! $5/person, $7.50/couple.

Parentcraft, Inc.
P.O.Box 6852, Alb, N.M 87197

"Preschool Education for Exceptional Children"
April 14, 1984 - 9:00 am - 4:00 pm
Contact: Steve Stile at 646-4313 or
Sharon Meier at 523-9220
$10.00 (Includes,coffee,doughnuts,lunch)

Las Cruces Teachers Center
410 W.Court Ave. Las Cruces, N.M

"Challenge for Change"
Convention '84 - ARC/NM & AAMD/NM
April 12 - 14, 1984
Holiday Inn de Las Cruces
$15/person, $10/retarded delegate
Contact before April 6th:
Registration - Convention '84
c/o Ruth Booton
1545 San Acacio
Las Cruces, NM 88001
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"My brothers and sisters, and my mom and dad eat cake together on birthdays." Lizzie, Age 4

WHAT DOES FAMILY MEAN TO YOU?

"My family cleans the backyard together and we cook food in a stove. Some families are different." Jeff, Age 4

"Family means that your mom and dad and sisters and brothers live with you. A family does stuff together like walking their dog." Renata, Age 4

"A family means love and happiness. A family can help you get happy from sad. Family means thoughtfulness." Kim, Age 5

"Family means to watch for my grandpa at the window to come visit." Daniel, Age 5

"Family means to play with other people in your family and do things by yourself, like get dressed." Stacy, Age 3

"A family has babies and moms and kids, dads, dogs, and kittens." Andy, Age 4

"Family is when they kiss you and hug you and put you to bed." Samantha, Age 4

"Family means your mom and dad say things nice." Ilana, Age 4

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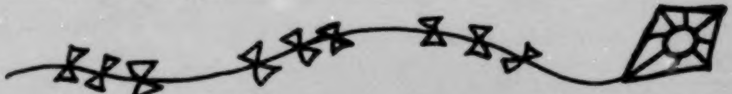
REACH OUT

Vol.2 No.4 Summer Issue - May, 1984 Contact: Peggy Sheldon/Darro Routon



Focus

"Transition" will be the theme for this issue of REACH OUT. Transition is defined as "a passing from one condition or place to another". We will specifically address issues concerning children going from one school to another and from home to school for the first time. When a change of this sort is made, the children as well as their parents and teachers have mixed feelings. There are feelings of excitement about the change and at the same time an uneasiness that goes along with meeting new people and situations. We hope that some of the ideas presented in this issue will be helpful for those who will be making a transition in the near future.

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The First Day

(Being away from home for the First Time)

ANXIETY TO TEARS

Let's look in on Joey and his first few minutes at kindergarten.

Mother takes him through the school's big double doors, and he starts looking around.

After filling out a form and talking to the teacher for a few minutes, mother turns to go. But Joey spots her and suddenly throws a tantrum of a kind she has never seen before. His crying seems more desperate than she has ever heard.

It's an old story, but does it have to be this way?

No, say the child development specialists, and even when there are tears or other problems, there are ways to smooth the path from home to school.

What Joey's mother has witnessed is what is usually called "separation anxiety" by the psychologists and is quite normal.

Look at it from the child's point of view, his fears are understandable enough: He is suddenly, without much preparation, going to spend long hours away from home in a room full of children he doesn't know. He is now expected to follow strange rules from an adult that is not his parent, a person whom he fears may have no concern for him. He cannot be sure that this adult will give him the kind of support his parents do. He even worries about whether or not his mother will really pick him up at the end of the day as she said she would.

Dr. Jennie Kitching, family life specialist for the Texas A & M Agricultural Extension Service, says that the child going to school for the first time probably will experience many "unusual feelings about separation - sadness, fear, anger. The child may feel sad

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nd not know why. He may feel angry at his other for letting him go to school, leaving im and exposing him to a new and perhaps unleasant world. Some children express their oncern about being separated from parents. ney may talk about their feelings, cry or nvent reasons for not going to school.

Child development specialists advise arents to accept those feelings and even ncourage their expression, communicating to ne child some measure of sympathy and undertanding. On no account should you try and onvince the child that he shouldn't feel nat way.

Dr. Kitching says a parent helps prepare child emotionally by encouraging him to alk about his feelings and fears, but that fterward it helps to convey to him "that nere are many adults besides parents who are about him and will take care of him. ne child does not have to think of the eacher as a substitute parent, but he nould know that the teacher does care for nildren."

Going to school for the first time is ruly a big step for a child, and if parents reat it as unimportant, they may be in for big surprise.

ETTING READY.....

One way to help a child get ready for chool is to talk enthusiastically to him bout what to expect, neither picturing chool as all fun and games or all work and rudgery. Stressing the advantages such as getting to know other children your age and laying with them" and "learning how to do ome things like painting and building hings" will help stimulate his interest nd help overcome his fears.

Dr. Kitching suggests that you give your hild some idea of scheduling during a ypical kindergarten or preschool day, about laying outside on the playground, going to he bathroom, having a snack or lunch, taking nap, taking turns, learning new things and eing read to

TRETCHING THINGS.....

Being enthusiastic and giving your child positive attitude about school should ertainly help him. He already may have ensed that going to school is a mark of maturity. You only have to build on that.

On the other hand, don't force your enthusiasm. In some cases it may not be possible to feel truly happy over your child's first venture away from you. So if you don't happen to feel good about your child's going to school, better not fake it. Most kids have built-in "phoney detectors" and can easily tell when you aren't leveling with them. And it can complicate relations later on.

SCHOOL AND TEACHER.....

Many parents don't realize the worth of acquainting a child with his teacher and school before he goes there.

It is certainly a good idea to take your child by school several times beforehand, cheerfully pointing things out and stopping at least once to take him inside and around the building. Depending on the situation, you can plan this from four weeks to a full season before. This way you can easily get permission to take him to look over his future classroom and possibly even meet his teacher. This kind of event, though, will require some preparation on the parent's part.

As separate preparation, Dr.James L. Hymes, Jr., California consultant in early childhood development recommends that you go alone to "Meet your child's teacher before the school year starts. Call on her at school, or better yet, invite her to visit you. Tell her your youngster's nickname, his enthusiasms, his hobbies, his pets, his fears and what he doesn't like to eat, his prides and joys and special peeves. Talking will make your youngster come alive to the person who is going to work with him."

Hymes thinks that you shouldn't "feel foolish about being so forward. Most teachers today are looking for openings to meet you. And the information you give makes their job easier. This is a boost for your child but a favor to his teacher too."

Hymes agrees that in some cases you might find suspicious teachers, but that you shouldn't be discouraged if this happens. Show them that you want to work with them and you can probably overcome their suspicion that you are meddling," he says.

In a first meeting with your child's teacher, it is a good time to set up a date for a meeting between teacher and child.

Early childhood specialists usually recommend a talk between teacher and child before the first day of school.

"Let your child visit his classroom ahead of time," says Dr. Hymes. "He sees his room and learns how to find it; he sees his teacher in her street clothes and in the school setting; these make the start of school a more familiar step."

Dr. Dittman says almost the same thing. "Both you and your child get off to a better start if you visit the school together ahead of time, she says. Go more than once if possible. Many schools set aside days for children to visit. The child will want to know which door he goes in, where he puts his coat, what things look like there, where the bathrooms are, and what his teacher looks like. Mothers feel better, too, if they can visualize these details."

SOMETHING FROM HOME.....

After all other preparation, if your child is still apprehensive, you might want to give him something associated with one parent or the other or home, to take with him to school, suggests Grace Perkins. A bracelet or a lucky piece (unless considered too superstitious by the parent) will do nicely.

SETTING THE TONE.....

But with the right amount of pre-planning, most children can be basically prepared for school that first day, and very few are apt to have all the tears and fears associated with first day blues.

Easing the way into school may very well set the tone for a child's relationship with school for the next twelve years.

KNOW YOUR CHILD.....

Much will depend on your child's individual personality as to how he adjusts and how soon he adjusts, says Doctors Chess, Thomas, and Birch, authors of Your Child Is a Person. They say that there are really two factors to consider, 1) whether your child first tends to approach or withdraw from new situations or plays a game of "wait and see", and 2) whether your child adapts quickly or slowly to change. Parents, say the doctor-author, need to learn to accomodate themselves to their individual child's personality, and "style" as he encounters novelty.

If the child is shy, the parent can help introduce him to the situation and stay with him a little while on the first day or two. (In certain cases it may take a week or more.)

If the child dives right in, mother (or father can feel more confident about leaving almost immediately. Let your child set the pace and give him gentle encouragement when it seems appropriate, they advise.

DON'T SHAME HIM.....

However, it would be a bad idea to tease or attempt to shame children under the circumstances Demanding that Lucy or Joey "act like a big girl or boy" probably would hurt rather than help.

WATCH CHILD'S RESPONSE.....

Some children will even tell the parent when it is time to go, saying something like, "You don't have to stay with me today."

LEAVE HONESTLY.....

When the parent stays and then senses it is time to leave, Dr. Hymes says to leave honestly.

"Don't scoot away from him before he is ready," says Hymes. This gives him a deserted feeling. It can make him cling to you longer the next time.

"Don't go when his back is turned. Don't go when you think he isn't looking. Don't go when someone else is holding him and he can't do anything about your leaving."

Be sure to tell him goodbye, wish him well and tell him when you will pick him up. Be sure he knows exactly where to wait and that he's not to run across the street to meet the car. (If possible, go inside and pick him up.)

BEING SENSITIVE.....

Being sensitive to your child's personality and responding appropriately is one of the best ways to help your child make a good adjustment.

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his article reprinted with permission from Project Transition, Outreach Services, Houston,Tx.

arents' Adjustment

Obviously all children go through some ind of an adjustment period when they attend chool for the first time.

But so do many parents. To a greater extent han might be supposed, the child's adjustment ill depend on how well his parents take to his ew situation when they realize that there is oing to be a new kind of separation involved ith the child in kindergarten or preschool.

The advice of many child development speialists is that parents should get themselves eady before they get their child (especially irst-born child) ready for school for the irst time.

"Sometimes starting to school is harder on arents than it is on children," says Dr.Hymes.

"It is hard to avoid a little sadness," says ymes, "but never feel that now your child on't need you any more. He still needs you and e always will. But now he needs you in a diferent way."

Dr. Dittman says that some parents, "as time or school draws near, begin to look at the hild through the eye of an outsider and become ritical."

"What will the teacher think of Joey?" and hat will she think of us, his parents?" are nspoken questions the parent often has.

Talking things over with the child's teacher an help a parent too. If parents know what to xpect and how they might help, they feel much ore a part of the situation.

WAY TO HELP.....

To help make sure the school is doing all it an for your child, if that is your concern,you an join parent-teacher associations, says Dr. ittman.

ALK ABOUT FEELINGS.....

The parents who ask themselves, "What do I eel?" and "What do I fear most about Lucy's oing to school?" will be well on the road oward clarifying things for themselves.

After recognition, a discussion of feelings etween father and mother is one way to alleiate fears and in the long run will help both hildren and parents adjust to the new changes n store.

INTERACTION WITH THE CHILD.....

Many children, as school first approaches, will want to be babied again. Reassurance is fine, say the specialists.

But babying a child when he isn't seeking it and doesn't need it says more about the parent than the child.

"Some parents have such a hard time letting their child go, they actually make adjustment more difficult," says Dr. Dittman.

"Beware of babying a child when he doesn't want it," says Dr. Hymes.

NO HECKLING.....

"Starting-to-school time is not the time to heckle the child" either, Hymes advises. What with the physiological and psychological changes already going on, "It is too bad if both home and school decide: "Now is the time to straighten this child out. We'll both show him where he gets off."

If the parent knows himself and his child, and offers comfort and understanding to the child during his first few weeks of school, his adjustment will probably be a good one.

"POSSIBLE RELAPSE"

However, many of the child development specialists predict a "relapse" after the first two to four weeks of school, and suggest that parents be alerted to its possibility.

Let's look in again on Joey.

After being in school for two weeks, things look good to Joey. He seemed to like kindergarten now. His mother was pleased and began to focus her attention elsewhere.

By the third Monday, it was as if it were the first day all over again. Joey burst into tears and wanted to stay home with Mommie.

IT HAPPENS.....

This does happen to a surprising number of children. Most theorists see it as a period of letdown after the initial excitement of school has worn off.

"During the first four or five weeks of school, almost all children show signs of strain," says Dr. Dittman.

It is understandable, she says, and there is no cause for alarm. "For months he's dreamed of school. He may have been afraid of what would happen, especially if he has heard older children tell of the awful things that go on.

"Sometimes it is a sign of illness," but not often, says Dr. Hymes. The child may simply have had enough of school for a while. "He wants to be your 'baby' again."

WATCH FOR SIGNS.....

Be prepared for any number of tip-off signs: biting nails, loss of appetite, greater irritability and more crying than usual, or a reversion to bedwetting and thumbsucking.

Hyman says that, "A word of encouragement, patience, and talking things over may help."

Accompanying the child to school and staying with him in class awhile again may help him get over his uneasy feelings.

Being accepting, though not necessarily encouraging, is a good attitude to take during a period of reversion, say the specialists.

ANOTHER TALK WITH THE TEACHER.....

However, if the symptoms do not disappear fairly soon - within another week or two - make an appointment and talk it over with the teacher. There might really be something wrong: "A conflict with another child, some activity which your youngster can't abide, a rule that gets him down," Hymes suggests.

A FINAL HINT.....

Hymes has one more hint.

"It is wise to take this as a signal to do more with your child after school and on weekends. He finds school good but the price he pays is seeing less of you. You may have to find some ways to make that price less steep."

As a child travels through school and through life, it is a wise parent who continues to check in with his child to find out about his feelings, concerns and intentions.

"If parents do their part, and the teachers do theirs, this hopefully will make school an enjoyable as well as educational experience for the children," says Grace Perkins.

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Communication Between Parent & School

Many people believe that parents and those who work with their children are natural partners and can easily communicate. This is not necessarily true in all cases. School staff may hesitate to get parents involved for fear of seeming to ask too much. They may also resist giving specifics about a child's development for fear of giving too much hope or not enough. A number of teacher education programs have begun to focus on training teachers to communicate with parents.

Some parents, on the other hand, may hesitate to initiate communication for fear of appearing pushy or demanding. They also may feel inhibited when talking to teachers because they view them as authority figures. This is carried over from their childhood impressions. Unfortunately, there are few programs available to train parents to successfully communicate with school personnel. In lieu of an indepth parent training program, here are a few suggestions that might help.

Realize that you are your child's best advocate. You have a responsibility to help,to reason, to speak on behalf of your child in a positive way so that things get done for him. When these things are necessary and reasonable you are not being pushy or demanding.

Examine your feelings toward school and school personnel. Recognize any anxieties you may feel as a result of your past experiences. You may want to remind yourself that whatever happened in the past, you are now on the same "side" as the principal and teachers. Both of you want what is best for your child, and you are now equals working toward that goal.

Learning the role of each school official may help you become a successful advocate for your child. Once you know what each person can and cannot do, you will be in a better position to assist your child. There is no point in asking a school staff member to do something that he or she is not empowered to do. Approaching the right person in the first place can save numerous misunderstandings.

Thanks to Project Transition, Houston Texas and the PRO article "What is an Advocate" for ideas in this article.

Pointers

Tips on Taking the Trauma Out of Parent-Teacher Conferences - by Kay More, Chronicle staff, September 7, 1980 Issue of Houston Chronicle.

Tips for Parents and awareness for teaching staff.

BEFORE

- Make notes before the conference. Write down any questions you may have
- Approach the conference calmly
- Schedule the conference at a time that is convenient for all involved
- Allow enough time for the conference so things aren't rushed
- Have the conference in a comfortable setting, allow for privacy
- If you are angry or upset, try to talk the problem over with a friend before the conference and get your thoughts straight
- It's best to have both parents attend together, if this isn't possible bring a friend to the conference for support, to help remember what is said, to provide another viewpoint and perspective

DURING

- Jot down notes to help you remember the information covered
- Relate any positive comments the child has made about the class, the activities planned, and so on
- If a concern or problem is discussed be as specific as possible (e.g., if it's a social problem, ask what signs should be looked for and what can be done at home)
- If people become upset during the conference, it may be best to make an appointment for another day (a shouting match won't solve anything.)
- When you reschedule ask a third party to be present such as the principle, assistant principle, or counselor

AFTER

- Once home,review the answers you received
- If you still have questions schedule another conference
- Let the child know you support the school and that the child's performance at school is important
- Don't speak badly about the teacher or the school in front of the child, this only causes confusion
- Keep dated conference notes with other school records
- Discuss the conference with the child (e.g., you may tell the child you visited his/her school, met the teacher, saw the classroom. and so on)

Preparing the Child

Suggestions for the Sending School

The sending school staff or team of teachers, parents, and therapists can keep in mind the skills the child needs to make the transition to a public school program. These needs and strengths can be discussed with parents while writing the child's Individualized Education Plan the school year before the child is to enter the public schools (actually, this can be done before the child makes the change to any new program).

To help the child and family make a smooth transition to the new program help them to become familiar with the new setting and staff. A visit to the new school might be arranged with the help of the sending school. Parents are encouraged to observe and ask questions during this visit. Children should be invited to visit the new program whenever possible and ask questions, join in activities, explore the classroom.

The sending school staff can plan many activities to assist the child in preparing for the transition. Help the child know what to expect by planning activities (pretend play, discussions, field trips) which simulate the new program. These activities can occur at logical and natural times for the child, e.g., it may make more sense for the child to go on a field trip to a different school in the middle or near the end of the school year, after they have been given time to adjust to their current program (a field trip to a different school at the beginning of the year may be confusing if not given the right introduction.)

When the opportunity arises (during large group activities for example) talk to the

children's activities
booths
arts & crafts
food

June 9
10am - 4pm

Summer Spree
at
Old Town Plaza

to benefit

Albuquerque Special Preschool

TRANSITION PROCESS

- A TIMELINE -

November/ December	December/ January	February/ March	April	May	August	September
ubmit list to ublic school of ge eligible hildren	*Transition meetings with Parents	*Child assessments completed by public school	*Joint school staffings	*EA&R meeting	*Child visits receiving school playground with Parents	*Followup site visits by sending school to receiving school
egin transiion meeting eries with arents	*Continue development of child's readiness skills for public school (responds to bell, carries food tray, etc.); develop vocabulary related to public school (cafeteria, recess,etc.)	*Child observations by public school personnel	*Child observation by staff of receiving school	*Continue development of the child's readiness for public school	*Sending and receiving school teacher makes phone contact with Parents	*Home visits and IEP conferences by new school staff
ncorporate hild's goals or transition n IEP: discuss ith Parents		*Assessment interperation to Parents by diagnostic staff	*Continue development of the child's readiness skills for public schools	*Parent/Child visit receiving school		*Ongoing communication with everyone involved with child (this may include sending school staff)
		*School observations by the Parents	*Field trip with class to a public school (classroom, playground, library,etc.)	*Sending school completes End-of-Year Summary of Progress; send report to receiving school		
		*School observations by sending school	*School observations by the Parents	*IEP conference with Parents; discuss transition		
		*Continue development of the child's readiness skills for public schools				

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BEST COPY AVAILABLE

hildren about their new schools. It is mportant to keep in mind the child's sense f time and when they perceive their move o a new school to take place, (you may ust mention that they will soon be with ther children and in a different classroom ather than talking about "next year").

ome skills to work on.......

- Raising hands
- Riding a bus
- Bell system
- Eating in a cafeteria - carrying a tray
- Recognizing bathroom symbols - going on their own - letting adults know when they need to go
- Playground
- Recognizing their first and last name
- Recognizing their classroom
- Social skills - making friends

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reschool to Public K

ransition from Preschool to Public School

y Mary Render, Educational Coordinator,
Albuquerque Special Preschool

The transition from preschool to public chool kindergarten is a stressful time for veryone concerned. Children have ambiguous eelings. They feel afraid about having a ew teacher and having to cope with dif- erent rules. At the same time, they feel xcited about going to a new school and eeting new friends. Parents and teachers xperience these same feelings about ransition.

Changing schools is particularly stress- ul for parents and teachers of children ho have special needs. Parents want to make ure their child receives the same nuturing are as they did in their preschool. They ust also reassess the intense feelings they ave about their child's future. Preschool eachers often have a special attachment to he child and find it difficult to accept hat another teacher can do as well or care s much as they do. Kindergarten teachers onder if the students are prepared to meet he demands of the new school and classroom.

It is vital that the transition from pre- chool to public school is a positive exper- ence for the child, parent and teachers. ime needs to be spent in preparation for the change and new routines need to be established slowly. Communication among all the involved adults is a part of the transition process. The preschool teacher and parents need to share their expertise regarding the child to the new teacher. The new teacher needs to share plans for the next year and suggest skills to prepare the child for kindergarten. For example, if a teacher begins in January to have her preschoolers carry lunch trays, a suggestion from a kindergarten teacher, the children can master that skill. It can be mastered in preparation for success in public school and the involved adults and children will feel less anxious.

** The enclosed timeline may help you visualize the transition process**

Resources

BOOKS -

The following books can be ordered from:
NAEYC - 1834 Connecticut Avenue N.W.
Washington, D.C 20009
Make checks payable to NAEYC

Parent Involvement in Early Childhood Education
How do you involve parents in your program? Find out how others have successfully included parents in a variety of ways.1979 120pp #135 $3.30

Let's Play Outdoors
What is a good outdoor play area? What equipment is best? How can the teacher promote outdoor play? A classic! 1966. 45pp #101 $1.10

Play: The Child Strives Toward Self-Realization
Highlights how play is learning for young children. 1971 72pp #129 $2.75

Hug a Tree and Other Things to Do Outdoors with Young Children. R.E Rockwell,E.A Sherman, R.A Williams.
An outside activities book filled with fascinating adventures to do with children from three to seven. #10500(paperback) $7.95

Bubbles,Rainbows &.Worms: Science Activities for Preschool Children. S.E Brown
Includes experiments with air,animals,environment,plants,the senses and water.
#10000 (paperback) $6.95

How To Have A Successful Conference With Your Child's Teacher, Dr.Mary S.Daigle. Write:
Experience Books. 14011 Green Ranch Road
Houston,Tx 77039 $2.50

T.V. PROGRAMS -

Channel 5,KNME,Wednesday May 30. 9:00 p.m. A National TV show on Mainstreaming, part of the "Your Children, Our Children" series.

APPENDIX B

Criteria Checklist for Integrating/Mainstreaming Handicapped Children.

Guide to Completing the Criteria Checklist

Integrated Placement - Success Rating Scale

Classroom Goals

Albuquerque Special Preschool

Criteria for Integrating/Mainstreaming Handicapped Children

Child's Name ______________________ C.A. (Express in months) ______________________

Evaluator ______________________ Date ______________________

The Criteria for Integrating/Mainstreaming Handicapped Children contains 32 items. Each statement has been weighted (1-6) with 1 being the least important and 6 most important. In addition, each item is scored on a continuum from 0 - 4, indicating the extent to which the child has mastered a skill, or the amount of time a skill is exhibited. The specific scoring criteria are explained below.

General Instructions:

1. Place a check in the appropriate column for EACH statement. If the child is not given the opportunity to demonstrate the skill or behavior, answer the question to the best of your knowledge of the child's ability.

2. Do NOT look at each statement as an indication of a child's appropriateness for integration. The total score of the checklist will be reviewed. No ONE statement would be used to decide a child's placement.

3. After checking each item, total the points in each of the five columns by adding the numbers located in the upper right hand corner of each box that has been checked. Indicate this number where it specifies "total points." Add these five columns together and enter a total weighted score.

Items 1 through 27 should be scored according to how often the particular behavior is observed in the classroom.

0 - Indicates that the child does NOT exhibit this behavior.

1 - Indicates that the child exhibits the behavior infrequently (20-30% of the time).

2 - Indicates that the child exhibits this behavior occasionally (40-60% of the time).

3 - Indicates that the child exhibits this behavior often (65-80% of the time).

4 - Indicates that the child consistently exhibits or has mastered this behavior (85-100% of the time).

The next last items (#28-32) should be scored according to how well a child demonstrates mastery of a particular skill. Check the appropriate column (0 - 4) for each statement, indicating the extent to which the child has mastered the skill.

0 - skill is not observed

1 - child demonstrates some prerequisite skills or an interest in learning the skill

2 - child can perform isolated tasks associated with the skill

3 - child demonstrates skill although skill may not be well coordinated or observed consistently

4 - child has mastered skill

Child's Name ____________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Consistently 85-100%
1	3	Child attends school	0	3	6	9	12
2	5	Child initiates simple actions at appropriate time during class routine	0	5	10	15	20
3	4	Child engages in parallel play	0	4	8	12	16
4	2	Child engages in interactive play	0	2	4	6	8
5	3	Child understands taking turns	0	3	6	9	12
6	3	Child shares toys/belongings	0	3	6	9	12
7	3	Child's communicative behaviors are meaningful and appropriate with a specific intent (not repetitive, random utterances)	0	3	6	9	12
8	5	Child uses 20 word vocabulary (expressive language)	0	5	10	15	20
9	3	Child engages in small group games	0	3	6	9	12
10	2	Other children respond positively to this child	0	2	4	6	8
11	4	Child can follow simple directions	0	4	8	12	16
12	6	Child requires little adult attention due to disruptive behavior	0	6	12	18	24

Child's Name ____________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Consistently 85-100%
13	3	Child provides self with sensory input by exhibiting an interest in people, events, and objects rather than focusing on inappropriate self-stimulating behaviors	0	3	6	9	12
14	3	Child participates actively in large group (attends, listens, or contributes)	0	3	6	9	12
15	6	Child participates in and focuses on self-selection activities	0	6	12	18	24
16	4	Child can attend to teacher-directed task in a small group	0	4	8	12	16
17	4	Child shows an interest in what another child is saying	0	4	8	12	16
18	3	Child initiates play with other children	0	3	6	9	12
19	4	Child can retrieve previously learned information consistently	0	4	8	12	16
20	3	Child seeks adult attention at appropriate times and in appropriate situations	0	3	6	9	12
21	1	Child uses WH questions to gain information about his or her environment	0	1	2	3	4
22	1	Child demonstrates reasoning abilities by responding appropriately to WHY, HOW, or WHAT IF questions	0	1	2	3	4
23	5	Child is able to acquire new skills through imitation, i.e. speech, gross or fine motor movements	0	5	10	15	20

Child's Name ______________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Consistenly 85-100%
24	1	Child displays well-coordinated movement in classroom and outdoors	0	1	2	3	4
25	1	Child tolerates tactile input well	0	1	2	3	4
26	1	Child tolerates movement in space well	0	1	2	3	4
27	2	Child displays a variety of visual/ perceptual skills	0	2	4	6	8
			Measure of extent to which child has the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Mastery 85-100%
28	3	Child is toilet trained	0	3	6	9	12
29	3	Child eats independently	0	3	6	9	12
30	6	Child engages in pretend play in connected sequences (symbolic representation)	0	6	12	18	24
31	2	Child dresses independently	0	2	4	6	8
32	1	Child walks independently with reciprocal arm swing	0	1	2	3	4
		TOTAL POINTS (Add all points in each column)					
			TOTAL WEIGHTED SCORE (Add all columns together)				

Based on this child's scores on the Checklist, and other developmental assessments, which classroom placement is most appropriate? Why?

____

____

____

____

What are the parent's desires for this child's placement? Why?

a. Non-integrated: ____

b. Integrated: ____

Guide to Completing Criteria Checklist

(Criteria for Integrating/Mainstreaming Handicapped Children)

by Debbie Maier, M.S.

Albuquerque Special Preschool

I. Administration and Scoring:

The Criteria for Integrating/Mainstreaming Handicapped Children contains 32 items. Each statement has been weighted (1-6) with 1 being the least important and 6 most important. In addition, each item is scored on a continuum from 0 - 4, indicating the extent to which the child has mastered a skill, or the amount of time a skill is exhibited. The specific scoring criteria are explained below.

General instructions:

1. Place a check in the appropriate column for EACH statement. If the child is not given the opportunity to demonstrate the skill or behavior, answer the question to the best of your knowledge of the child's ability.

2. Do NOT look at each statement as an indication of a child's appropriateness for integration. The total score of the checklist will be reviewed. No ONE statement would be used to decide a child's placement.

3. After checking each item, total the points in each of the five columns by adding the numbers located in the upper right hand corner of each box that has been checked. Indicate this number where it specifies "total points." Add these five columns together and enter a total weighted score.

Items 1 through 27 should be scored according to how often the particular behavior is observed in the classroom.

0 - Indicates that the child does NOT exhibit this behavior.

1 - Indicates that the child exhibits the behavior infrequently (20-30% of the time).

2 - Indicates that the child exhibits this behavior occasionally (40-60% of the time).

3 - Indicates that the child exhibits this behavior often (65-80% of the time).

4 - Indicates that the child consistently exhibits or has mastered this behavior (85-100% of the time)

I. Item Explanation

1. Child attends school. Explanation: Answer this question according to the percentage of time the child is physically present in the classroom.

2. Child initiates simple actions at appropriate time during class routine. Explanation: Simple actions might include: bringing chair to group, washing hands before snack, cleaning table after snack. Teacher may direct the child verbally but does not need to prompt the child physically. On this item, the variety of actions performed should be considered.

3. Child engages in parallel play. Explanation: The child plays with toys that are similiar to those that other children are using. In short, the child plays beside, rather than with, other children.

Child engages in interactive play. Explanation: The child plays with other children. The child touches an object in common with another child and exchanges objects. The child engages in verbal communication during play with another child.

Child understands taking turns. Explanation: Examples of taking turns might include: passing toy/object/picture to another child at group time, sitting and waiting during group time until name is called, or responds to "Whose turn is it?".

Child shares toys and belongings. Explanation: Examples of sharing behaviors might include: playing with other children without fighting or offering toys, etc. to other children during interactive play. (This would not include a child's merely being passive when a toy is taken away.)

Child's communicative behaviors are meaningful and appropriate with a specific intent. Explanation: Child does not engage in repetitive, random utterances. Rather, the child demonstrates communicative behaviors for specific purposes such as requesting, greeting, questioning, commenting, and labeling.

Child uses a twenty word vocabulary. Explanation: Child has a repetoire of at least twenty words which he/she uses frequently in the classroom. "Uses" is the key word in this item. Some children may indeed have been observed to utter twenty different word: at some time, but may not have a functional vocabulary of twenty words which they use frequently.

Child engages in small group games. Explanation: Examples of small group games are: Ring-Around-The-Rosey; London Bridge; Button-Button, Who's Got the Button?; Duck-Duck-Goose. On this item, the complexity and variety of games a child is able to participat in should be considered.

Other children respond positively to this child. Explanation: Child's actions and demeanor encourage other children to communicate, play, and interact with him or her.

Child can follow simple directions. Explanation: Examples of simple directions might include: pointing to objects, food, or persons when requested; carrying out commands such as, "get the ball, go outside, or look at the book."

Child requires little adult attention due to disruptive behavior. Explanation: A score of four would indicate that the child almost never needs adult interventior because of behavior. A score of 0 or 1 would indicate that a child is in constant neec of adult intervention due to disruptivebehavior.

Child provides self with sensory input be exhibiting an interest in people, events, anc objects rather than focusing on inappropriate, self-stimulating behaviors. Explanatior This item looks at a child's ability to interact with his/her environment through purposeful play, eye contact with others, active attending to happenings in room, physical or communicative contact with others.

Child participates actively in large group. Explanation: Child stays in large group of six to twenty children, and listens well or contributes.

Child participates in and focuses on self-selection activities. Explanation: Self-selection is a time in which the child is free to choose from a variety of materials and activities provided in the room. During self-selection a child makes an active choice as to how he/she wants to be involved. This selection of activities or toys differs from when the young child chooses toys on the basis of physical proximity.

Child can attend to a teacher-directed task in a small group. Explanation: Child stays in a teacher-directed task in a small group.

Child shows an interest in what another child is saying. Explanation: Child may respond with actions to another child's verbal directions, or a child may respond with a verbal statement indicating he/she understood what another child has said.

Child initiates play with other children. Explanation: Child can initiate play by asking another child to join him in play, "Let's play cars." A child can also initiate play by assigning roles or tasks to another child, "You be the mommy, and put the baby in the car." Nonverbally, a child can initiate play by taking a child by the hand and leading him to the play area or by offering a child a toy similiar to his own.

Child demonstrates ability to apply new or previously learned information to a variety of situations. Explanation: Child has the ability to take information learned in one setting and apply it to other situations. Examples: Child learns the concept of "big" as applied to balls, and is then able to use "big" to describe a wide variety of objects. Child learns to use to toilet at school and then is able to use it during field trips or in other places.

Child seeks adult attention at appropriate times and in appropriate situations. Explanation: Examples of this might include: seeking adult assistance to operate a toy or overcome an obstacle to participation in an activity, i.e. opening a jar of paste or putting on a record. Child also seeks adult attention to have physical, social and emotional needs met in an appropriate manner.

Child uses WH quesitons to gain information about his/her environment. Explanation: Child uses the folowing types of WH questions; what, where, who, when, and why.

Child demonstrates reasoning abilities by responding appropriately to WHY, HOW, or WHAT IF questions. Explanation: Examples of these types of questions might include; "Why do we wear a hat when its cold outside?, How do you make cookies?, What would happen to the pile of blocks if I took the bottom one away?"

Child is able to acquire new skills through imitation, i.e. speech, gross or fine motor movements. Explanation: This item examines a child's ability to see a modeled behavior and immediately imitate that behavior with a reasonable degree of accuracy.

Child displays well-coordinated fine and gross motor movement in classroom and outdoors. Explanation: Child is able to maintain balance over a variety of surfaces. The child can utilize playground equipment with minimal supervision. Child also demonstrates control of pencil and other writing implements.

Child tolerates tactile input well. Explanation: Child participates in sand or water play, finger painting, etc. and does not avoid physical contact.

Child tolerates movement in space well. Explanation: Child enjoys being picked up and moved around by an adult. Child utilizes moving playground equipment such as swings.

Child displays a variety of visual/perceptual skills. Explanation: Examples might include putting together puzzles, reproducing drawn shapes and letters, and reproducing block designs.

The next five items (#28-32) should be scored according to how well a child demonstrates mastery of a particular skill. Check the appropriate column (0 - 4) for each statement, indicating the extent to which the child has mastered the skill.

0 - skill is not observed

1 - child demonstrates some prerequisite skills or an interest in learning the skill

2 - child can perform isolated tasks associated with the skill

3 - child demonstrates skill although skill may not be well coordinated or observed consistently

4 - child has mastered skill

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28. Child is toilet trained. Mastery = child initiates all toileting needs and requires no assistance.

29. Child eats independently. Mastery = child has acquired use of utensils and cup with no spilling.

30. Child engages in pretend play in connected sequences. Mastery = child represents play events such as housekeeping or grocery shopping in a series of logical sequences i.e. child mixes cake, bakes it, sets table, and eats cake.

31. Child dresses independently. Mastery = child can take off and put on all articles of clothing and do simple fasteners.

32. Child walks independently. Mastery = child walks in an adult-like manner with reciprocal arm swing, maintaining balance.

Success Rating Scale INTEGRATED PLACEMENT

Child's Name: ____________________

Rater's Name: ____________________

Classroom: ____________________

Date: ____________________

This scale is designed to measure how successful a classroom placement has been for a child. Using your professional judgement, you are asked to consider the child's functioning level at the start of the year, and decide whether or not the integrated or non-integrated classroom facilitated development in each of seven developmental areas.

Rate the child's progress in each of the following developmental areas according to the scale below. Circle the most appropriate rating.

I.	Gross Motor	1	2	3	4	5
II.	Fine Motor	1	2	3	4	5
III.	Self-Help	1	2	3	4	5
IV.	Language	1	2	3	4	5
V.	Speech	1	2	3	4	5
VI.	Cognitive	1	2	3	4	5
VII.	Social	1	2	3	4	5

Rating Scale

In my professional judgement:

1- Child's abilities in this area decreased due to placement in an integrated classroom.

2- Child made some progress in this area, but may have gained more in a non-integrated classroom.

3- Child made progress in this area, but may have progressed equally well in a non-integrated classroom.

4- Child made more progress in this area than he or she would have in a non-integrated classroom.

5- Child's progress in this area could not have been achieved in a non-integrated classroom.

Additional Comments:

Gross Motor Code A

1. No goal necessary at this time.

2. Will demonstrate improved equilibrium reactions. (Demonstrated by: standing on one foot, jumping with both feet together, hopping on one foot, walking along a line or balance beam.)

3. Will demonstrate improved sensori-motor functioning.

4. Will demonstrate improved postural control and trunk stability. (Demonstrated by: coming to a stand using a half kneel, more upright symmetrical sitting posture, reciprocal four point crawl, no head lag when pulled to sit.) Lower level.

5. Will demonstrate improved postural control and trunk stability. (Demonstrated by: running with reciprocal arm swing, utilizing a narrow based gait, more mature gait pattern) Higher level.

6. Will peddle a tricycle independently.

7. Will walk up and downstairs alternating feet consistently.

8. Will walk independently.

9. Will increase motor imitation skills.

10. Will catch and throw a ball overhand.

Fine Motor Code B

1. No goal necessary at this time.
2. Will develop fine motor skills needed to participate in tasks such as: cutting, art projects, manipulatives, crayons, and other writing instruments, dressing fasteners (buttons, zippers, snaps, etc.)
3. Will utilize fine pincer grasp.
4. Will develop motor planning abilities. (Demonstrated by: sequencing 2-step fine motor movements.)
5. Will develop consistent thumb and forefinger grasp of pencil.
6. Will develop fine motor skills needed to imitate strokes, copy and draw shapes.
7. Demonstrate improved use of upper extremities, bilaterally.
8. Will demonstrate decreased tactile defensiveness by participating in fine motor activities.
9. Will demonstrate fine motor control by imitating signed words.
10. Will use adaptive fine motor tools developed by the professional team.

Self-Help Code C

1. No goal necessary at this time.
2. Will toilet independently.
3. Will dress independently.
4. Will maintain independent toileting skills.
5. Will develop eating skills, oral-motor skills, sitting at snack, wiping mouth, etc.
6. Will dress with adult assistance.
7. Will replace toys in appropriate places at the end of activities.
8. Will indicate a need to go to the bathroom.
9. Will use toilet with adult assistance and a verbal prompt.
10. Will become involved in an activity without adult help.

Language Code D

1. No goal necessary at this time.
2. Will demonstrate sequencing and organizational skills in conversation by taking turns, maintaining and expanding topics, and relating events in a sequence.
3. Will be able to respond correctly to language demands such as; identifying objects by sight, sound and touch, matching objects, imitating simple sentences, and remembering pictured objects. (Blank Level I)
4. Will increase use of pragmatic functions such as requesting, answering, protesting, greeting, and questioning.
5. Will expand use of functional language as observed in: increasedd size of vocabulary, increased length of utterances, and use of a variety of semantic-grammatic functions.
6. Will be able to respond correctly to language demands such as; following a set of directions, arranging pictures in a sequence, formulating a set of directions, identifying similarities, defining words, predicting an outcome, justifying a decision etc. (Blank Level III and IV).
7. Will be able to respond to language demands such as; identifying objects by function, describing a scene, recalling information and items from a statement, naming characteristics and functions of objects, attending to two characteristics and identifying differencess. (Blank Level II)
8. Will demonstrate an increase in language comprehension. (Demonstrated by: correctly identifying pictures/objects/people, comprehension of subject-verb-object phrases, comprehension of simple commands.)
9. Will spontaneously sign and or gesture and make a verbal approximation of words to express a variety of communicative functions.
10. Will imitate signs, gestures, and sounds to express wants and needs.

Speech Code E

1. No goal necessary at this time.
2. Will imitate C-V-C, CVCV, and CCVC combinations on request.
3. Will demonstrate a variety of oral-motor movements.
4. Will participate in co-active vocal imitation.
5. Will produce specific phonemes in words correctly.
6. Will improve breath control by sustaining various vowel sounds.
7. Will increase speech intelligibility in connected speech.
8. Will correctly produce phonemes imitatively in two and three word combinations.
9. Will produce first and second syllable of a target word list when elicited.

Social Code F

1. No goal necessary at this time.
2. Will initiate and engage in assocative play.
3. Will expand time in interactive play.
4. Will engage in parallel play.
5. Will appropriately initiate interaction with other children.
6. Will initiate imaginative/symbolic play activities.
7. Will play cooperatively with other children, sharing, and taking turns.
8. Will participate in large group activities, group games, etc.
9. Will increase eye contact and attention skills.
10. Will express wants and needs appropriately, and decrease inappropriate behaviors.

Cognitive Code G

1. No goal necessary at this time.
2. Will demonstrate comprehension of preschool concepts. (Shape, size, quantity, prepositions)
3. Will develop symbolic play abilities (re-enacting experiences, sequencing events, etc.)
4. Will engage in purposeful exploration of toys, use common objects appropriately, and expand variety of motoric schemas.
5. Will develop problem solving skills through symbolic play and active learning.
6. Will follow two and three step directions.
7. Will attend to tasks in small and large groups.
8. Will match and categorize objects and pictures.
9. Will expand vocabulary.
10. Will develop symbolic play activities (extending play beyond self, combining toys, etc.)

Behavioral Code H

1. No goal necessary at this time.
2. Will verbalize to indicate needs.
3. Will respond appropriately to verbal instructions/directions.
4. Will sit and participate in group.
5. Will share toys and belongings.
6. Will play cooperatively with another child.
7. Will decrease biting and hitting behaviors.
8. Will adjust to classroom transitions.
9. Will put away toys.
10. Will participate in tasks stressful to him/her, (e.g., motor, large group).

APPENDIX C

Attitude Survey

SURVEY OF ATTITUDES TOWARD THE HANDICAPPED

The Albuquerque Special Preschool is conducting a survey of adults' attitudes about handicapped individuals. The purpose of this survey is to obtain a description of attitudes that exist about handicapping conditions.

The attached instrument was designed to record your feelings about handicapped individuals. Please do not include your name. All responses will be confidential, and only summarized data will be used in reports.

Thank you for your cooperation and participation. Please contact the Albuquerque Special Preschool if you would like a summary of the results of this survey.

Background Information

Directions: Please supply the following background information to help us determine if the results of this survey represent a cross-section of the population. Your responses on any item are optional.

Male [ ]
Female [ ]

Parent of nonhandicapped child(ren) [ ]
Parent of handicapped child(ren) [ ]
Not applicable [ ]

Occupation:

Age:

Income level:

Less than $10,000 [ ]
$10,000 - $15,000 [ ]
$15,000 - $20,000 [ ]
$20,000 - $25,000 [ ]
$25,000 - $30,000 [ ]
Over $30,000 [ ]

Survey of Attitudes Toward the Handicapped
Developed by Project AIM/Outreach
Albuquerque Special Preschool

Instructions: Please circle the number that best describes your feelings toward each statement. Please circle only one response per item. The following scale is to be used for each item.

1 - Disagree strongly
2 - Disagree
3 - Disagree slightly
4 - Agree slightly
5 - Agree
6 - Agree strongly

	Disagree Strongly 1	2	3	4	5	Agree Strongly 6
1) Handicapped people can be dangerous to society.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
2) Handicapped individuals are clean.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
3) Handicapped individual's disabilities are contagious.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
4) Handicapped individuals require assistance in feeding and toileting.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly				Agree Strongly	
	1	2	3	4	5	6

5) The earlier the intervention, the better the chance of a handicapped child achieving his/her potential.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

6) Handicapped individuals are friendly.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

7) Handicapped individuals have a poor self concept.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

8) Handicapped individuals are more willing to please than nonhandicapped individuals.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

9) Handicapped individuals are not in control of their emotions.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

10) Handicapped individuals are not able to live independently and care for themselves.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

	Disagree Strongly				Agree Strongly	
	1	2	3	4	5	6
11) Handicapped people are not very intelligent.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
12) Handicapped people are delayed in all cognitive, social and self help skills.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
13) Handicapped people are not always delayed in social skills.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
14) Handicapped individuals can develop normal self help skills.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6
15) A handicapped child who can move about or interact with the environment will learn more rapidly.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6
16) Handicapped adults can take public transportation by themselves.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

	1	2	3	4	5	6
	Disagree Strongly					Agree Strongly

17) A handicapped person who looks normal is less impaired intellectually.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

18) A handicapped child who looks normal will develop more normally.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

19) Handicapped people have the same feelings as nonhandicapped people.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

20) Handicapped people should be treated as "special" and not like other people.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

21) Handicapped people can be useful to society.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

22) Handicapped people are happier when they are sheltered from the outside world.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

	Disagree Strongly 1	2	3	4	Agree 5	Strongly 6

23) People should be less strict with handicapped individuals.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

24) Handicapped people can develop friendships with nonhandicapped people.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

25) Handicapped people do not need constant supervision.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

26) Handicapped people do not try hard enough.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

27) Social development can be delayed in handicapped people because of limited opportunities for contact with nonhandicapped peers.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

28) Parents of handicapped children are often "defective" people themselves.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally retarded	1	2	3	4	5	6

	Disagree Strongly					Agree Strongly
	1	2	3	4	5	6

29) Physicians are the best source of information regarding a handicapped child's disabilities and developments.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

30) Respite care can be appropriate for handicapped individuals.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

31) Parents of severely handicapped children are usually less well-adjusted than parents of mildly handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

32) Parents of handicapped children need more emotional support than parents of non-handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

33) It can be a greater financial burden for a family to support a handicapped child than a nonhandicapped child.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly					Agree Strongly
34) Parents of handicapped children require more access to community resources than parents of nonhandicapped children.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
35) Having a handicapped child can place additional stress on a marriage.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
36) Parents are not the "cause" of their childs' handicapping condition.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
37) Parents of handicapped children are the same as parents of nonhandicapped children.						
Parents of physically impaired	1	2	3	4	5	6
Parents of language delayed/ learning disabled	1	2	3	4	5	6
Parents of emotionally/ behaviorally disordered	1	2	3	4	5	6
Parents of mentally retarded	1	2	3	4	5	6
38) Handicapping conditions usually develop because of poor prenatal care.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

Disagree Strongly — Agree Strongly
1 2 3 4 5 6

39) Parents who have a handicapped child can have more children who do not have handicapping conditions.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

40) Handicapped people are the reponsibility of parents and institutions.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

41) Handicapped people should be integrated into the community.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

42) Handicapped adults can be productive, reponsible members of a community.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

43) Handicapped adults cannot enter into marriage.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

44) Society has the reponsibility of providing opportunities for handicapped individuals to develop as normally as possible.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly 1	2	3	4	5	Agree Strongly 6
45) Some handicapped adults can live by themselves.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
46) Some handicapped adults can support themselves financially.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
47) It is less of an economic strain on society for handicapped people to live in the community rather than in an institution.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
48) Many handicapped children can be placed in a public school setting with other nonhandicapped children.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
49) Handicapped children can benefit from contact with nonhandicapped peers.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6
50) Nonhandicapped children are adversely affected by handicapped children.						
Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly 1	2	3	4	Agree Strongly 5	6

51) Handicapped children can learn from nonhandicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

52) Integration of handicapped and nonhandicapped children prepares the handicapped for the real world.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

53) Regardless of their level of ability, the best educational setting for handicapped children usually is in traditional special education classes.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

54) The use of sign language can facilitate language development in the handicapped.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

55) Nonhandicapped children develop at a slower rate when handicapped children are in the same classroom setting.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly					Agree Strongly
	1	2	3	4	5	6

56) Nonhandicapped children learn bad habits from handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

57) Handicapped children do not receive individual attention and instruction when they are in a classroom with nonhandicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

58) Nonhandicapped children reject handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

59) Handicapped people cannot read.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

60) Special education is primarily for custodial or maintenance purposes.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

61) Financial resources could be used more productively than to support the education of severely handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly 1	2	3	4	5	Agree Strongly 6

62) It is important to adapt public facilities for the handicapped.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

63) I would not want a handicapped person living next door to me.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

64) Handicapped children are different from non-handicapped children because they cannot complete their education.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

65) Early education is as important to the handicapped child as to the nonhandicapped child.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

66) Educating handicapped people is futile since they usually cannot make use of the education.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

	Disagree Strongly 1	2	3	4	5	Agree Strongly 6

67) People should behave the same way around handicapped and nonhandicapped persons.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

68) Handicapped and nonhandicapped people do not have much in common.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

69) If children are educated about the handicapped they will become more tolerant and understanding toward them when they are older.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

70) If adults are educated about the handicapped they will become more tolerant and understanding toward them.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

71) I would not object to my child being in a classroom with a handicapped child.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

72) Handicapped children frequently disrupt class with inappropriate behaviors.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

Disagree Strongly — Agree Strongly
1 2 3 4 5 6

73) The nonhandicapped child will not be affected negatively by his/her contact with a handicapped child in the classroom.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

74) Nonhandicapped children do not like to play with handicapped children.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

75) When both handicapped and nonhandicapped children are in the same classroom, all class presentations must be at a lower level.

Physically Impaired	1	2	3	4	5	6
Language delayed/learning disabled	1	2	3	4	5	6
Emotionally/behaviorally disordered	1	2	3	4	5	6
Mentally Retarded	1	2	3	4	5	6

APPENDIX D

Video narratives....(Tapes are under separate cover)

Play - "What Did You Do At School Today?":
The Value of Play for Handicapped and
Nonhandicapped Children

Environment - "Take a Walk on Your Knees":
The Children's Learning Environment

"What Did You Do At School Today?"

The Value of Play for Handicapped and Nonhandicapped Children

NARRATION: "What did you do at school today?"

SHOT: Kids answer "I played!"

MUSIC: "Pooh" -
instrumental beginning with graphic

GRAPHIC: "What Did You Do At School Today?"
The Value of Play for Handicapped and Nonhandicapped Children

MUSIC: Words of the song "Pooh"

SHOT: Kids playing at various activities

SHOT: Narrator on camera

NARRATION: All children spend a great deal of time playing. It's an important part of their lives. Because of this, anthropologists, developmental psychologists, educators and other researchers have found play a worthwhile subject to study. Early theories suggested that play was something you did when you were not working or being productive. We will attempt to demonstrate the current view: that play is part of the learning process. It is vital to a young child's development and should be emphasized in any early childhood program. Despite its importance, many teachers and parents are still reluctant to accept play as part of the curriculum.

SHOT: Dr. StevensDominguez listening to question

NARRATION: Dr. Meave StevensDominguez, an expert in early childhood education, has talked to teachers and parents about play.

SHOT: Dr. StevensDominguez talking

Dr. StevensDominguez:

"Some interesting things have happened when I try to introduce play as an important aspect of intervention with children. When parents come in to me they say, "All that kid does is play."

It's an exasperating comment. They would like to teach their kids preacademic skills instead. Similar kinds of comments have come from preschool teachers who say they don't have a program going right now and apologize immediately for the amount of free play going on in the room. It is a general idea in people's heads that play is not a particularly useful activity other than that it keeps the children busy. Redirecting them to see play as an activity where children really do learn and where they can intervene to actually enhance a child's learning means a total reorientation of play."

SHOT: Dr. Carol Westby

NARRATION: Dr. Carol Westby, a noted researcher in children's language and play, discusses current thinking about play and its relationship to learning.

SHOT: Dr. Westby talking

(Note: Dr. Westby's narration has been summarized in outline form.)

Dr. Westby: Play is a way of consolidating learning.

A child can put together the pieces of things that he has learned. He knows who does what with what things. When he puts them all together he understands the relationship between objects and people and the relationship among people. He understands how the world is. His knowledge is consolidated. Once knowledge is consolidated, you can feel free to vary it. You feel comfortable with what you know. Once you feel comfortable, you begin to see the alternatives.

SHOT: Children playing restaurant (towards the end of her narration)

NARRATION: There are several types of play: practice play or repeating a new skill over and over, symbolic play and games with rules. We will focus on symbolic or pretend play. We asked Dr. Westby to define symbolic play.

SHOT: Child with doll

Dr. Westby: There are two aspects of symbolic play.

1. Understanding that one thing can stand for some thing else. Both language and play can have symbolic values. In symbolic play, a block or a doll can stand for a baby. In language, different words in different languages can stand for "cat". These are both examples of one thing standing for something else. Symbolic play is one behavior standing in place of another behavior.

2. Ability to change what is presently happening. This is important because later on in school, we ask children to deal with things other than the immediate present, to think about the past and the future.

SHOT: Dr. Westby listening to question

NARRATION: Children play differently as they mature. What are some of the milestones to look for in symbolic play during various stages of a child's development?

SHOT: Dr. Westby talking

Dr. Westby: Many changes occur in children between the ages of 15 months and 5 years. We see these changes in four areas.

1. Distance from reality. This means how dependent they are on the immediate context and what is available in the immediate context.

   Toddler - needs actual physical props that are life size.

   18 months to 3 years - they can use representational props or those things that are smaller than life size objects.

   4 years - they need no object - language takes the place of a prop - he has distanced from reality.

2. Content of the play

   Toddler - play is focused around everyday occurences; sleeping, eating, etc.

   Older child - plays at things that are less common like going to the doctors office or the store.

   3 years - plays at things he has seen on T.V. or around the neighborhood - not something he himself has been personally involved in - like playing fireman or policeman.

SHOT: Children playing spaceship

   5 years - plays at things coming from his imagination like wild scientist or robot - things they have not experienced and may not have seen anyone else experience.

3. Duration and elaboration of each content area

Toddler - does one thing and then it is over - has isolated scheme (drinking, eating).

2 years - gets out everything he needs to eat (plates, cups, etc.)

3 years - sequences the activity; sets up the table, cooks food, eats, washes the dishes.

SHOT: Children setting the table

4 years - plans things out before he begins to play: announces what he's going to do and all the things he needs.

5 years - he not only plans for himself but for everyone else who is playing with him.

SHOT: Dr. Westby talking

4. Distinction between self and others

Toddler - they play on themselves; they pretend to eat or drink.

19 - 22 months - does same activities but on a doll - the doll is passive.

3 - 3½ years - they act as though the doll has its own personality - they talk to the doll and also take the voice of the doll and it talks back - the child takes multiple roles within pretend play.

SHOT: Preschool class - Children at the table playing with food, cups, plates

NARRATION: There is more to children's play than releasing surplus energy, or simply relaxing. When an environment is full of materials to play make-believe and ample time is given to experiment, play becomes the means by which children develop new skills or approaches to living.

We've heard about the developmental sequence a child goes through and how that is shown during play. Now let's look at some benefits a child gets from playing in the classroom and why it is an essential part of a young child's day.

SHOT: Child feeding doll

NARRATION: Often times, handicapped children have things done for them. Through play, a child is allowed the opportunity to take the initiative: to feed the baby, or to fix the dinner. They experience the feeling of independence and control over their environment.

SHOT: Children cooking

NARRATION: Play provides an excellent time for children to practice language and motor skills. It would be difficult for a teacher or therapist to plan an activity which might elicit the variety of vocabulary and concepts that can happen, say, when a child is playing house. It also allows a child to try for the first time or practice fine motor skills such as pouring, stirring and stacking as when pretending to cook or eat.

SHOT: Child with baby in crib

NARRATION: As children gain more knowledge about the world in which they live, they can expand and generalize that knowledge through play. A child's first experience with the concept of sleep is with themselves in their own bed. This child has expanded that concept to include a baby sleeping in a crib, with a blanket and a bottle.

SHOT: Child with block spaceship

NARRATION: Problem solving is also a benefit children get from playing. Whether it is pretend problems with pretend solutions; such as needing eggs for a birthday cake and going to an imaginary store to get them. Or real problems with real solutions such as a child trying to figure out how many blocks it will take to make the sides of the spaceship shoulder high.

SHOT: Three children playing in a block spaceship

NARRATION: In the early stages of a child's life, pretend play is solitary - the child plays alone. But as he matures others are involved in his play. This results in the development of interpersonal relationships. Now a child is faced with having to cooperate with others. Sometimes this means adapting his own ideas, or compromising. In this case, there is not enough room in the spaceship for everyone. The children need to decide what to do next.

SHOT: Dr. Westby listening

NARRATION: Are there any long term benefits of symbolic play? Dr. Westby tells of her experiences with a classroom of communication disordered children.

SHOT: Dr. Westby talking

Dr. Westby: There are several long term benefits of symbolic play

1. Through play, children can develop social competence and emotional stability. The child understands how the world is so that he is less threatened and becomes better able to adapt to changes. He is able to take control.

2. Children talk a lot to each other during play and each has to listen. They have to make sense out of what the other is saying. We see a lot more communication.

3. Kids enjoy things more during play. Children can't have fun until they understand something so well they can vary it. Through play, children gain an understanding of their environment. They know how things should work and then they can vary it. It becomes fun for them. A long term goal for handicapped children is that life should not be something where they constantly have to work because they can't do things as well as other children. There should be a time when life is fun.

SHOTS: Kids playing in sandbox. Sandbox birthday cake scene

NARRATION: We have heard some traditional views about play. Play was once viewed as something to do when you weren't doing something worthwhile. However, current thought suggests that play is a part of the process of learning. Children love to play. They are engaged in it on a daily basis. Play is important. It necessitates looking at the children's environment and asking questions "Am I providing enough materials and space so that children can be involved in symbolic play each day? And, do I provide enough time each day for the children to learn through play?"

MUSIC: Second part of "Pooh"

SHOTS: Kids playing at various things

GRAPHICS.

"Take a Walk on Your Knees": The Children's Learning Environment

PURPOSES:

1. To inform professionals and paraprofessionals who work with special needs children of quality educational practices.

2. To present the use of the classroom environment as a powerful teaching tool.

SCRIPT OF THE PROGRAM:

Nessa Weinberg (Teacher):

I'm sure I'm not the only teacher who's questioned - "Why are the kids acting the way they are in the classroom? There's all this running around going on." I think in the last week, I've asked Johnny not to build a block structure right there because somebody keeps bumping into it. Some days, I feel like I'm just policing behavior all day long.

NARRATOR:

Nessa Weinberg has been a teacher in a mainstream program.

Nessa Weinberg:

Then one day I decided to sit back and observe what was going on in the classroom and I saw that possibly I had set it all up so that the environment contributed to this kind of running around.

Girl student: "I want chocolate ice cream."

NARRATOR:

Just how much does the environment influence behavior. We asked Dr. Catherine Loughlin, a professor noted for her studies of the learning environment.

Dr. Catherine Loughlin:

When any of us walk into a setting that is arranged for some kind of activity, as we glance around at the environment, we get a lot of information about what we are supposed to do in that place. If we go to a theatre or lecture hall, the direction that the seats are facing the podium clearly identifies the front, and suggests that we should behave in a certain way. On the other hand, when we enter a room that has small tables in it, and bowls of peanuts on the tables, we know we are going to socialize in a markedly different way, and we're going to talk to people and move in a very different way than we would in the theatre setting or the lecture hall setting. And that happens to us, children and adults alike, any time that we enter an environment that has been arranged for a use or activity. The learning environment is no exception to that. In any environment that teachers establish for children, behavior is very much influenced by the special organization, provisioning and arrangement of materials in that environment. Whether the teacher has deliberately arranged that environment to elicit certain kinds of behaviors, or whether they just happen because of messages the teacher has arranged unknowingly, these messages are given by the environment and children will respond. Environmental messages are a lot stronger than teachers wishes for children's behavior. Environmental messages encourage children to move in this direction, rather than that, to enter a space or pass by it without going in, to engage in horseplay in the center of a room that has nothing in it, or to move across the room purposefully into another area where children are seeking materials. It affects not only where children move, but how they move. Environmental arrangements suggest that children hurry past and pay no attention to something in a particular place in a classroom, or the differently arranged environment may encourage children to linger, to look, to examine, and see what it is that's posted there to catch their eye. All of these messages are acting on us all the time they are acting on children, not because they are children, but because they are people. Both teachers and children are affected by environmental arrangements. When teachers are clear about the affect of behavior, affect of the environment on children's behavior, and can arrange the environment to meet their own choices of behavior for children, then they find that the messages of the environment are very much like the messages they wish to give children on how to function in this place, and things are very harmonious. When teachers are not concious of the environment, messages they arrange are sometimes very hard to understand and children's behavior seems to be very puzzling. It's easy to think that there's something wrong with the children, when, by and large, it's the environment that is creating the behavior.

NARRATOR:

The learning environment is the interaction of the space, equipment and materials, daily schedule, and the adults and children within a shared time frame. How can teachers arrange these aspects of the learning environment to meet classroom goals?

Dr. Catherine Loughlin:

You know, teachers of young children are terribly busy people, there is so much to do in the course of a day with children that goes well. They are guiding the children, observing them, responding to them, and helping the children find their way around the environment and carry out the explorations that are a natural part of childhood.

The learning environment itself can do a good deal of the teaching, work along with the teacher. When materials are arranged and spaces organized so that the environmental messages given to children really fit with what the teacher wants to have happen for the children in that place. When a teacher knows something about the environment and is very clear on what she wants to have happen with the children, it's possible to organize the environment in such a way that these things most likely will happen. For instance, sometimes, early childhood teachers mention that they want children to become independent, and to take care of themselves as well as they can. When a teacher understands that she organizes an environment, for example, so that materials are easily within children's reach, so they know where to return them when they are finished with them, they can find their way from one place to another in the environment along very clear paths. In order to do this, the teacher has to be absolutely clear about what she means by independence, and what she wants in the way they behave independently.

NARRATOR:

Studies have shown that certain environmental arrangements can encourage learning. A young child is like an explorer, discovering his world, then, later, like a scientist experimenting with it's properties and behavior. At the same time, he's learning to think about the things he finds out. As a preschooler, it's his ability to think, imagine, create, and to "play in his head" which dominates his play learning. He is able to put together seperate facts and facets, shake them around in his mind and form new and different patterns. His immediate world has become familiar, he needs more scope, new experiences, new people, objects to feed his imagination. A skilled teacher can provide an ideal atmosphere in the classroom where children can create their own knowledge of how the world works.

In order to facilitate active learning and meet goals, teachers meet to begin to look at their classrooms in several specific areas. Dr. Loughlin describes some of the components of the learning environment.

Dr. Catherine Loughlin:

When teachers are ready to arrange the learning environment for young children's active learning, there are three major things that they look at, three major tasks to carry out. First is to arrange the spaces in the environment, organize places for children's activities, organizing pathways so the children can find their way from one place to another,and get around in the environment without disturbing other children who are involved in another activity. Second is provisioning for learning, and third is arranging those learning materials once they are selected for the classroom and brought in for children's use.

In the process of arranging and organizing the space and the traffic and the places for activities in the classroom, the easiest thing to forget, especially when teachers are organizing before the children come to school, is that children's bodies take up space just as the equipment and supplies. One of the things teachers work hard to remember is to arrange a classroom so that there is not only space for the furnishings and the equipment, but room for the bodies to move about as they engage in these activities. Always, we have to remember that children are active learners and that their own activity is stimulated by the materials we offer them to stimulate that activity.

When we select provisions for children's activities, it's really important to include a number of different kinds of provisions. Children always need information, children are voracious consumers of information, and they love to examine pictures. They love to handle and look at natural specimens. There is no end to the amount of time a child will investigate and explore the nature of the world, the physical and social world. One of the things we want to offer children are pictures, books, real articles, and natural specimens. All sorts of things that give children information about the world. They take it in their own way, always active, always exploring and examining. Another kind of provision that is really important for children is raw materials. When we offer children raw materials that can be used in a number of different ways, to shape, combine, or turn into something else, we give them the opportunity to act on the knowledge they have about the world, in a sense, they reproduce it, not to our specifications, but to their own. Without raw materials, they don't have the opportunity to do this. The raw materials also give children the sensory experience they need and want, the creative experiences and the re-thinking of knowledge, information, and experiences they've had in the past. The greater the variety of materials we can offer, such as papers, and pliable materials like clay and playdough, fluids and materials that leave marks and records behind like paints and markers, crayons, etc., the greater the range of materials we offer them, the more opportunities for them to express themselves in their own way and to explore what it is they are trying to come to understand.

As we offer children raw materials, we also offer them tools to give them opportunity to act on the raw materials. With tools, they shape, design, join together, take apart, reshape to form whatever they want to attempt to form. Tools sometimes give us a chance to gather knowledge from information sources, magnifying glasses let us see things bigger, and better. All these kinds of provisions are important to support and stimulate active learning in children.

Once we've decided what raw materials we want for the children, it's important to consider how we arrange them, the appearance of the materials on shelves can often determine how much interest children show in a particular material. When we have materials in lidded boxes, stacked on top of each other, they may as well not be there, in terms of the effect on children's active exploring and learning because they can't see them. Because they are not visible, they may as well not be there, so the arrangement of materials in the sense of how they are displayed is critical in children's use of materials. That is why, for example, we display books with covers showing as you will see in many classrooms, and why we display materials the children can manipulate on open trays or in open boxes on low uncrowded shelves, with empty spaces between so they are clearly visible. They can attract children's attention and give them information about their own possibilities as they scan the environment. Display is crucial to support children's exploration, so that they can understand what is available for them in the environment and what the possibilities are for activity. Where we place these materials is important so that we have various kinds of materials in many areas of the classroom to prevent crowding in a small area because that is where the interesting things are. We need information sources everywhere in the environment for children to learn, models, books, pictures, natural specimens, souvenirs of trips, all of these things from the total environment. We need tools in all areas where children can sign their names on things, record information where they shape materials, and we need raw materials in all areas. These materials, widely distributed throughout the environment will continue to support children's active learning no matter where they go in the room, rather than in one crowded location. Space to work and materials in spaces that the children work in will keep them active and interested in learning.

Boy student: "Lookee"

Girl student: "Peanutbutter"

In addition to those basic provisionary categories that enable children to get on with their activity because they are using those provisions right in their active learning, there are also some kinds of provisions that support and help these activities to continue so that they are really useful to children. These provisions are called containers, work spaces, and display facilities. It is very interesting that something like a simple empty container can effect children's learning. If empty containers are available, children can begin to learn to mix their own colors, have a place to store materials so that they can come back tomorrow and find them there. This helps children to begin to engage in a little longer term active learning. Workspaces are those kinds of places that we offer children activity, not only in the larger spaces that we arrange in the environment, but in the small corners,i.e., mats for sitting on the floor while they spread their materials around them. We offer all kinds of work spaces to support childrens ability to work together, to be off by themselves and talk with other people, or to have a quiet place where sound doesn't intrude on them, by offering a variety of shapes and sizes and levels of places where children can get on with their activity. Last are the display facilities. It's amazing how exciting it is for a young child to be able to display his or her own work or materials as they are finished. If we have empty spaces and tacks or masking tape or other materials to place those materials in empty spaces, just inviting children to display the materials that they choose, they will, for a long time be able to look over and see what they have displayed, it is also available for everyone else to see. These are the kinds of provisions that support continued involvement over time, that support children's own materials and products, stimulating the work of other children, and interesting. They support a kind of sharing of activity, and interest and knowledge that really keep learning going on in children.

Teacher: "Oh that was very good, now I'm going to come and pay. How much was my ice cream cone?

Girl student: "Chocolate chip."

Teacher: "Seven dollars was my ice cream cone? Here's seven dollars. Is this my change?

Girl student: "Yeah"

Teacher: "Thank you"

NARRATOR:

Are there some ways teachers can observe and evaluate their ongoing classes?

Dr. Catherine Loughlin:

Oh there are, and probably one of the first things that's important for a teacher to do is to remember that teachers and children who work in the same environment occupy different environments. That may sound a little strange, but we need to remember that when we stand at adult height and look over an environment for young children, we're like helicopters looking down on the environment, instead of the people that live in that environment and move around in it. Children, on the other hand, see a very different environment than we do. They are down at a lower level, where a four foot high book case is a wall that can't be seen over, where materials that are above the child's eye level are simply not there because they don't generally attend to those materials. They move about in different places than the adults do, they see all the space from a different perspective, being at a much lower level, and adults can never guess where the paths are, what spaces invite children from one place to another, until those adults get down on their knees and get down to the eye level of the children to look at space, to perceive it as the children see it. Move about space at that eye level, look into the areas and see which materials are visible and what cannot be seen, where the pathways are visible, where there is enough room for a child or two to go in and work together. Only when we get down on that eye level can we really see. This is probably one of the most important things we can do to evaluate the environment as best we can from the child's perspective. The other thing we can do as the teachers in this picture are doing is to do some systematic observation of movement within the space. Here you can see a couple of teachers who have drawn a sketch map of their environment, and now they are observing very closely as children move about the environment to get involved in their learning activities or to move from place to place. One of the things these teachers are doing is recording every movement they observe over a short period of time. At the end of that time, they will look at the sketch map and perhaps have some information about why certain kinds of materials are going unused, why the materials in certain spaces seem to be unnoticed, and why some spaces aren't being used at all.

We have learned several things about the learning environment, including how the environment influences behavior, how the arrangement of the learning environment meets classroom goals and encourages learning, some of the components of the learning environment, how to evaluate ongoing classes and the roles of adults and children in the learning environment. The environment is a powerful teaching tool.

NARRATOR:

Every adult and child in the classroom influences the behavior of others. Because of this they are an important part of the learning environment. Adults and children can facilitate learning by reinforcing and encouraging initiating and extending. They can model appropriate behaviors, such as showing respect for others, using functional language, and demonstrating motor skills.

Nessa Weinberg:

When I first began teaching, I thought that I had to constantly interact with the children in order to feel like I was doing a good teaching job, but now that I've worked on improving the classroom environment, I see that I have much more time to observe the children and really notice what they are doing. They're more involved, they're more interested and I think a lot more learning is taking place.

APPENDIX E

Parent Handbook on Integration - Spanish version

(English and Native American Versions are under separate cover) *

*English version included with this document.

INTRODUCCIÓN

Una clase integrada o mezclada es aquella en que los grupos de niños que tienen un impedimento así como los que no lo tienen, se le puede enseñar unidos. Con frecuencia, los padres de familia tienen muchas preguntas acerca de esta clase de grupos, especialmente si es la primera vez que tienen uno de sus hijos en estos programas. Este manual o panfleto tiene la información necesaria para contestar todas esas preguntas, asi como los términos mas usados. Ha sido escrito en una forma de preguntas/respuestas para hacer asi mas facil de entender su contenido.

Esperamos que este manual/panfleto pueda ayudar no solo a los padres de familia sino tambien a los profesionales a discutir e intercambiar ideas de los casos más importantes y a la vez sentirse mas tranquilos acerca de los diferentes problemas.

Es un poco difícil a veces escribir explicándole a cientos de personas que leerán este manual/panfleto y que tienen experiencias en estos casos. Por este motivo tenemos que escoger las palabras o el vocabulario para poder hacer un reporte mas sencillo y simple de entender. Una de las palabras que mas usamos en este panfleto es la de "impedimento físico o mental." Fue escogida de entre muchas otras, pues no es embarazosa para leer , y es mal fácil entenderla universalmente. No es tan fuerte como la palabra "incapacitado." Un niño con impedimento físico/mental necesita una atención especial que requiere extra tiempo de los adultos. Al adaptarse al ambiente de estos niños, se les presta una gran ayuda y se le hace más fácil el aprender y desenvolverse con menos trabajo.

Cuál es la definición de integración?

Integración significa la unión de los diferentes grupos que han estado anteriormente separados, en este caso de las escuelas para niños normales. Sin embargo, los programas que estan envueltos en la integración o mexcla tienen una definición mas avanzada. Estas escuelas creen y afirman que ambos grupos deben estar siempre juntos tanto en la vida social como en la de enseñanza. Creen afirmativamente que la mexcla no es verdadera solo cuando se tiene un niño con impedimento en la mismo salón con los otros niños. Turnbull y Schultz (1979) dicen que la integración o mezcla social ocurre cuando un niño con impedimento se encuentra en la misma clase, pero cuando se la dá los mismos derechos y responsabilidades de los demás. Este niño en esta clase de ambiente puede establecer sus propios amigos y a la vez ganar una buena recompensa por hacer las cosas bien. La base de la integración social es la responsabilidad de los maestros - o sea, que respetan las fuerzas y las debilidades de estos niños, y crian esta clase de actitud o cooperacioñ entre todos los estudiantes.

Instrucción integral significa que el niño con impedimento puede desenvolverse en una clase regular con niños no impedimentados, Turnbull y Schultz (1979). Las categorías de instrucción incluye enseñar a los niños solo o en grupos tanto pequeños como grandes. Esto no significa necesariamente que los estudiantes con impedimentos van a hacer el mismo trabajo con la misma habilidad que el resto de la clase, pero si, trabajara de acuerdo a su propia habilidad y dentro de sus propios esfuerzos.

Un buen ejemplo es el tener un lugar con una granja; algunos niños pueden combinar las fotos de los animalitos; otros pueden aprender el languaje de signos para dar asi el nombre a los animales; mientras otros pueden hasta aprender a escribir las primeras letras de los animales.

¿Cual es el significado del reingreso?

El reingreso es algo similar a la integración porque significa que los niños con impedimentos físicos se pueden educar con la misma igualdad que los niños sin impedimentos. Por lo general, ésto significa que estos niños incapacitados pueden ser incluidos en una clase regular, con el mismo curriculum de enseñanza, y con poca ayuda de los servicios escolares. En este pamfleto, el termino "integración" será usado, pero los principales puntos facilmente se pueden aplicar al significado "reingreso."

¿Por qué se debe integrar a los niños desde pequeños? ¿Por qué no esperar hasta los 11 o 12 años de edad?

Los niños con impedimentos físicos se pueden integrar en las clases regulares a cualquiera edad. Entre más joven sea el niño es más fácil ayudarlo. Los programas para niños bajo la edad de cinco años ponen por lo general más énfasis en la vida social y ayuda propia dándoles más confianza, que en los programas para niños de mas edad. Los niños que tienen necesidades especiales pueden aprender a compartir, a tomar turnos para diferentes cosas, aprender a cuidar y colgar sus abrigos, lavarse las manos con los otros niños, y todas estas cosas las aprenden con menor esfuerzo y sin ayuda extra de parte de los maestros.

Es también muy bueno para estos niños aprender a aceptar las diferencias que existen en el mundo que los rodea a una edad temprana, pues es cuando se están formando sus valores y su organismo se está desarrollando. Un niño que tiene problema al oir, aprende a entender que él no oye, pero que el resto del mundo sí. Tiene que aprender a comunicar sus necesidades y sentimientos a los demas. Él tiene que aprender que la mayor parte del mundo puede oír, pero que hay alguien que no y ese alguien es él, y que tiene que aprender a comunicarse con los otros niños, ya sabiendo esta diferencia. Si los niños aprenden a aceptar esa diferencia que existe desde que están pequeños, les facilita su vida futura y se hace aceptable en ellos mismos.

¿Es posible que el niño sin impedimentos físicos comenzará a imitar el comportamiento del niño con impedimentos?

Los estudios de niños pequeños indican que los ninos normales imitan comportamiento extraño, posiblemente porque se sienten curiosos y quieren investigarlo. Casi siempre lo dejan cuando se dan cuenta que no les sirve.

¿Se reirán los niños normales de aquellos niños con necesidades especiales?

Todos los niños son curiosos y generalmente tendrán preguntas y posiblemente mirarán con curiosidad a alguien que se vea diferente. En un salon mezclado el ambiente debe ser tal que provoque preguntas y que les ayude a los niños a contestar esas mismas preguntas. El objectivo para el niño con impedimentos es que él o ella eventualmente pueda responder apropiadamente cuando se le pregunte acerca de su propio impedimento. La mejor hora para comenzar a entrenarlo en eso es cuando esta pequeño, cuando él comienza a hacer preguntas cándidas y directas.

Otro objectivo para el niño con impedimentos es que él o ella llegue a aceptar y a respetar a otras personas que son diferentes. Sus maestras pueden desarrollar estos objectivos contestándole inmediatamente sus preguntas y planeando lecciones acerca de impedimentos físicos y mentales para mejor demostrar su contestación. Por ejemplo, cuando están todos reunidos en un grupo, la maestra puede pedirle a cada niño que les cuente a todos alguna cosa que puede hacer muy bien y otra cosa que le toma trabajo hacer. Puede la maestra enfocar la charla en el hecho de que cada persona es diferente y que esa diferencia es lo que hace la vida interesante.

¿Cuál es la diferencia entre una clase totalmente integrada y una clase tradicional de educación especial? Es diferente a una clase regular?

Esta pregunta se le hizo a maestros de educación especial, así como a los que están especializados en las clases integradas de los jardines de infancia (pre-escolar). Todos los maestros habian enseñado en ambas clases integradas y clases tradicionales de educación especial.

> Los niños en los salones tradicionales de educación especial recibían mas ayuda directa del maestro durante el día entero que los niños en el salon integrado. Su horario estaba mas rigidamente ordenado y los niños tenián menos oportunidadas para escogar lo que querían investigar. Habian mas adultos y menos niños en los salones tradicionales que en los salones integrados.

> Casi todas las clases integradas se parecen más a las clases regulares que a las clases de educación especial. Los niños tienen que hacer muchas decisiones durante el dia y los maestros con frecuencia facilitan los estudios en vez de ordenarlos. Hay casi el mismo numero de estudiantes en una clase integrada que los de una clase de educación regular; sin embargo, siempre hay mas adultos. Todos los maestros comentaron que ellos estaban muy concientes de las necesidades y las ansias individuales de los niños en una clase integrada.

¿Por que no están todos los niños con impedimentos en clases integradas?

Una idea importante que fué formulada por educadores especiales hace muchos años y que hoy en dia es parte de la ley, es que todos los niños con impedimentos físicos o mentales deben ser educados en el ambiente escolar menos restrictivo. La meta es de darles a estos niños lo mas posible en experiencias normales. Para algunos niños con impedimentos, esto significa que ellos atenderán todas sus clases en salones regulares. Ellos gozaran el beneficio de observar, eschuchar, jugar y trabajar al lado de compañeros sin impedimentos. Estos ñiños poseen suficientes habilidades para que la maestra no tenga que tomar demasiado tiempo con ellos solamente.

Otros niños tienen impedimentos fisicos, emocionales o educativos tan severos que ellos necesitan mucho mas atención que la maestra en un salon regular puede prestarles. Estos niños pueden mezclarse con compañeros sin impedimentos cuando atienden sus clases por poco tiempo durante el dia escolar; por ejemplo, ellos pueden atender una clase de música o un acontecimiento social. Otros pueden conocer estudiantes normales cuando juegan juntos con ellos en el patio de la escuela o cuando comen juntos en el comedor. Sin embargo, ellos necesitan atender clases especiales e individuales la mayor parte del dia. El objectivo es criar el ambiente escolar menos restrictivo posible para ayudarle al ñiño en la mejor manera posible.

¿Recibirá el niño impedido la misma clase de terapia de lenguaje o de terapia vocacional en una clase integrada como si estuviese en una clase de educación especial?

Generalmente, los niños en estas clases integradas reciben servicios teraupeticos de acuerdo a sus necesidades o ansiedades individuales. Algunos de ellos ven al terapista en sesiones solos y otros en grupos. En muchos ocasiones los terapistas actuan como consultantes para los mismos maestros. Se reunen con frecuencia y discuten las actividades más importantes que se pueden desarrollar en las clases, quedando de esa manera satisfechos con lo que ellos enseñan a los niños particularmente o a todo el grupo entero.

El método de enseñar esta terapia es igual tanto en las clases que estan integradas como en las clases de educación especial.

¿Que tipo de progreso se ha notado en aquellos niños con impedimentos que han atendido las clases integrades? ¿Y el niño normal, progresará tan rapido en una clase integrada como en clase regular?

Desde 1978 la Escuela Especial Pre-Escolar de Albuquerque ha estado investigando los niños normales y los niños con impedimentos en ambas clases tradicionales e integradas.

Los Niños con Impedimentos

Nuestra investigación en la habildad de los niños con impedimentos para jugar en las clases integradas ha resultado positiva. Estos niños desarrollaron niveles altos de jugar a una rata similar, aunque no al mismo nivel de dificultad, que los niños normales. Este hecho es sumamente importante ya que la capacidad para jugar es muy necesaria en el desarrollo verbal y social del niño.

Los examenes que prueban el desarrollo físico y psicologico del niño tambien indican que aquellos niños con impedimentos que habían atendido las clases integradas por un largo tiempo habían aumentado su comprensión significativamente. Todos estos resultados nos afirman que las clases integrades serian de gran beneficio para niños impedidos. Se ha programado un examen psicologico para ayudar a los profesionales en asignar correctamente el lugar apropiado para el niño. Este instrumento mide la rata del comportamiento y desarrollo del niño, decidiendo a que clase se asignará. Este procedimiento ha sido de gran ayuda y beneficio cuando se ha juntado con otros datos que tienen que ver con el desarrollo total, asignandole asi las clases apropiadas. Los maestros han usado esta información para predecir buen exito del niño en estas clases integrades.

Los Niños sin Impedimentos

Los niños que atienden las clases integradas fueron comparados con otros niños que atienden las clases regulares. Estos que fueron integrados demostraron niveles mas altos en su manera de jugar;

y no se hayó ninguna diferencia en los niveles academicos dentro de los dos grupos. Asi pues, parece que los niños no impedidos no se atrazan ni socíal ni academicamente cuando estan en las mismas clases con los impedidos.

¿Que beneficio reciben los niños que no tienen impedimentos en las clases integradas?

Los padres de los niños que no tienen impedimentos y que atienden la Escuela Especial Pre-Escolar de Albuquerque se les hizo esta pregunta y lo que sigue fué su respuesta: Todos los niños se benefician en esta clase mezclada de acuerdo a la enseñanza y con las estadisticas de los maestros. Debido al énfasis que se hace de las ansiedades de estos niños impedidos, los maestros han puesto todo su interes en la enseñanza individual. En muchas de las clases cuando estos niños estan presente, los maestros hacen mas énfasis en la necesidad total del grupo y no individual. En los programas planeados los maestros devotan toda su atención en todas las areas criando asi diferentes oportunidades para los niños impedidos, haciendole mas extenso y variado el ambiente para aprender.

Toda la familia se beneficia,dando grandes resultados cuando los niños impedidos participan en las clases integradas. Uno de los padres de familia dice: "Este salon de clase me enseña que el impedimento no es la condición mas importante en un niño." Otros tambien creen que como estos niños son expuestos a diferentes impedimentos de otros niños a una edad temprana desarrollan de acuerdo a sus proprias edades diferentes ideas. En general la familia gana mucho dentro de ellas mismas y lo mismo sus niños. Otro de los padres de familia nos cuenta que su hijo se expresó acerca de los estudiantes impedidos asi: "Cuando entré a la clase y yo era nuevo no me gustaba ese niño impedido, pues no lo entendia, pero ahora que lo comprendo, es mi mejor amigo."

APPENDIX E

INTEGRATION

A PARENT HANDBOOK

Prepared by
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INTRODUCTION

An integrated class is one in which both handicapped and nonhandicapped children are taught together. Often, parents have questions about this type of class, particularly if it is the first time they have considered it for their child. This handbook will address some of these questions and define commonly used terms. It has been written in a question-answer format for easy reading and referral. We hope this handbook will help parents and professionals feel comfortable about discussing common concerns.

It is difficult to write something that will be read by many people, all of whom have different backgrounds and experiences. Words need to be chosen so that the majority of people will understand and feel comfortable with their meaning. One word that is often used in this handbook is "handicapped". It was chosen over other words because it is less awkward to read, most universally understood, and does not suggest a negative image like "disabled". A handicapped child is one who has unique and special needs that require extra adult attention. Adaptations to his environment may help the handicapped youngster learn better, or get around with less effort.

This handbook has been written to answer questions about handicapped and nonhandicapped children of both sexes. However, there is no bisexual pronoun that can be used appropriately, and a combination like "he/she" is too cumbersome. Therefore, "he" and "she" are used interchangeably in this text and apply to either sex.

WHAT DOES INTEGRATION MEAN?

"Integration" is usually defined as a joining of two groups that were previously separated, in this case, handicapped and nonhandicapped school children. However, programs that are involved with integration go a step further in their definition. They talk about children being together both instructionally and socially. They stress that integration is more than a handicapped child's physical presence in the same room as nonhandicapped children. Turnbull and Schulz (1979), say *social integration* means that the handicapped child is an equal member of the classroom, with full rights and responsibilities. The child is able to establish friendships and to gain recognition for things done well. The basis for social integration lies in the fact that teachers respect the strengths and weaknesses of all children, and foster this kind of attitude among their students.

Instructional integration means that the handicapped child is involved in the regular classroom curriculum (Turnbull and Schulz, 1979). Instructional strategies include teaching the students alone, or in small or large groups. It does not necessarily mean that the handicapped student works on the same skills and concepts as the rest of the class. Rather, she works on skills appropriate for her abilities within the same context. An example would be a unit on farm animals; some children may match pictures of animals; others may learn sign language for the names of the animals; while some may learn to write the first letter of the animal's name.

WHAT IS MAINSTREAMING?

Mainstreaming is similar to integration because it means that handicapped children are educated with their nonhandicapped peers. Usually, this term refers to a handicapped child being included in the regular classroom, with the same curriculum, and few educational support services. In this handbook, the term "integration" will be used, but the points made could easily apply to "mainstreaming".

WHY SHOULD YOU INTEGRATE CHILDREN AT A YOUNG AGE?

Handicapped children can be integrated into regular classrooms at any age. The younger the child, the easier it is. Early childhood programs usually put more emphasis on socialization and self-help skills than programs for older children. Children with special needs can learn about sharing, taking turns, hanging up a coat and washing hands along with the other youngsters without extra teaching preparation. It is also good for children to learn about and accept differences at a young age because this is when their values system is developing. A child with a hearing loss has to understand that the world hears even though she can't. She has to learn how to communicate her needs and feelings to others. The other children have to learn that most of the world hears, but here is someone who can't. They have to learn to relate to a child with this difference. If children learn to accept differences in people at a young age, this may become a way of life as they get older.

WILL THE NONHANDICAPPED STUDENTS START IMITATING BEHAVIORS OF THE HANDICAPPED CHILDREN?

Research with young children indicates that nonhandicapped students do not imitate abnormal behavior (Guralnick, 1979). Teachers in integrated classes have found that nonhandicapped students will occasionally imitate an unusual behavior perhaps because they are curious about it. They usually discard it after awhile when it doesn't prove to be useful.

WILL THE NONHANDICAPPED CHILDREN MAKE FUN OF THOSE WITH SPECIAL NEEDS?

All children have a natural curiosity which prompts questions and staring. In an integrated classroom, the atmosphere should encourage questioning and seeking understandable answers by all children. A goal for the handicapped child is that he will eventually be able to respond appropriately when asked about his handicap. A good time to start working on this is at a young age, when simple, straight-forward questions are asked. A goal for the nonhandicapped child is that he will be able to accept and respect differences in other people. These goals are fostered by teachers who respond immediately or plan an appropriate learning activity following a question about a child's handicap. For example, during group time, the teacher may ask each child to tell something he is really good at and something that is hard for him. Discussion may focus on the fact that every person is different, and that's what makes the world interesting.

WHAT KIND OF PROGRESS DO HANDICAPPED CHILDREN MAKE IN AN INTEGRATED CLASS?

Since 1978, the Albuquerque Special Preschool has been conducting research on handicapped and nonhandicapped children in both traditional and integrated classes.

Our research on play skills of delayed children in integrated classes showed positive results. These children developed higher level play skills at a similar rate, although not at the same level of complexity, as their normal peers. This is important because many play skills are necessary to the development of language and social growth.

Developmental tests also showed that handicapped children who were integrated over a long period of time increased their growth significantly. All of these findings suggest that an integrated classroom might be very beneficial for some handicapped children.

An instrument was developed to assist professionals in making classroom placements. This checklist of behaviors has been helpful, when considered with other information about a child's development, in deciding which classroom is appropriate. The teachers have found the checklist useful for predicting success in an integrated classroom.

WILL THE NONHANDICAPPED CHILD MAKE AS MUCH PROGRESS IN AN INTEGRATED CLASS AS HE WOULD IN A REGULAR CLASS?

Nonhandicapped children placed in integrated classes were compared to similar children in a regular preschoool or kindergarten class. The children who were integrated actually showed higher levels of play skills; and no differences were found in the academic readiness skills of the two groups. Thus, it appears that nonhandicapped children are not "held back" socially or academically when they are in classes with handicapped peers.

WHY AREN'T ALL HANDICAPPED CHILDREN INTEGRATED?

An important concept, that was formed in special education circles some years ago and that is now a law, is that all handicapped children should be educated in the "least restrictive environment." The aim is to provide normal experiences for these youngsters whenever possible. For some handicapped children this means placement in a regular classroom full time. These children will benefit from watching, hearing, playing and working side by side with nonhandicapped peers. They have enough skills so that a lot of teacher direction is not necessary.

Other handicapped children have physical, emotional or learning needs that require more teacher attention than they could receive in a regular classroom on a full time basis. These youngsters may experience integration with nonhandicapped peers by going into a regular classroom for short periods of time, like for music or social events. Others may interact with nonhandicapped children through playing together on the playground or eating lunch together; however, they require a special education classroom environment for most of the day. The goal is to provide "the least restrictive environment" that will help each child in the best way possible.

WILL THE HANDICAPPED CHILD RECEIVE THE SAME TYPE OF SPEECH OR OCCUPATIONAL THERAPY IN AN INTEGRATED CLASS AS HE WOULD IN A SPECIAL EDUCATION CLASS?

Usually, children in an integrated class receive therapeutic services based on their individual needs. Some children may see the therapist alone or in a small group. Often times, therapists act as consultants to teachers. They meet regularly and discuss activities that can be done in the classroom that will satisfy specific therapeutic needs of a particular child, and will also benefit the entire group. These ways of delivering therapy are the same in either a traditional special education class or an integrated class.

HOW IS A FULL-TIME INTEGRATED CLASS DIFFERENT FROM A TRADITIONAL SPECIAL EDUCATION CLASS?

IS IT DIFFERENT FROM A REGULAR CLASSROOM?

Special education and early childhood teachers who teach in an integrated class were asked this question. Their answers came from experience teaching in both an integrated class as well as a traditional class.

The children in a traditional special education classroom receive more direct teacher intervention throughout the day than in an integrated classroom. Their schedule is more structured with fewer choices of things to do. There are more adults and fewer children in a traditional special education classroom than in an integrated classroom.

Most classes that are integrated full-time resemble a regular education class more than they do a special education class. The children have to make many choices of things to do throughout the day and there is less teacher direction. Teachers often facilitate learning rather than directing it. There are about the same number of children in an integrated class as there are in a regular education class; however, there are more adults. All the teachers commented that they are very aware of individual children's needs in an integrated class.

WHAT BENEFITS DO NONHANDICAPPED CHILDREN RECEIVE FROM AN INTEGRATED CLASSROOM?

Parents of nonhandicapped children in an integrated preschool class were asked this question during an interview:

All children benefit from the smaller pupil-teacher ratio of an integrated classroom. Due to the emphasis on the special needs of the handicapped students, the teachers focus on the individuality of all children. In program planning, the teachers devote attention to all developmental areas, creating many opportunities for nonhandicapped children for growth in a rich and varied environment.

Benefits for the entire family result when their nonhandicapped child is placed in an integrated classroom. One parent said, "This classroom showed me that the handicapping condition is not the most important thing about a child." Other parents feel that because their children are exposed to different handicapping conditions at an early age, they have to develop age-appropriate explanations about differences. In general, families gain much insight into their own and other children. One parent recounted this statement made by her child about a handicapped student, "When I was new in this class, I didn't really like him, and I didn't understand him. Now, he's a friend of mine."

"When I was new in this class, I didn't really like him, and I didn't understand him. Now, he's a friend of mine."

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APPENDIX F

Volunteer Package (in folders, under separate cover)*

Volunteer video script

Volunteer video (see Appendix D - under separate cover)

*Included with this document.

NARRATIVE - VOLUNTEERING... for fun and non-profit!

MUSIC

Graphics including title, credits, etc.

SCENE 1 Opening comments

Hello, my name is Pat Steele and I've been a volunteer at this preschool for handicapped and nonhandicapped children for over 10 years. I guess that makes me a professional. In fact, when they write my title they say volunteer-paraprofessional. And I like that. I take great pride in that. You know, when you give of your time as a volunteer and you do a good job, you can be very proud. It's a nice feeling, and you know you're needed. There isn't a non-profit organization any place that has all the money they need. There just isn't enough money around. These organizations rely on volunteers to fill that gap.

When you give of your time and talent you have no idea how many people you might help. Its like a pebble in a pond and the ripples go out and you have no idea how far. You of course help the children. You also help their families. You help the staff and their families. You make a professionals day a little bit easier and a little bit happier and you've helped everybody around them.

You know, I think the volunteer has the best of both worlds. You have the fun and the joy and the pride of a job. And you have none of the planning. You don't have to worry about the funding. You don't have to worry about any of the typing or anything - unless you volunteer to type! Then you get to set your own hours - and I think thats a very nice thing to do.

SCENE 2 Teachers

Voice Over:

This brief film has been produced to demonstrate what a person might do as a volunteer in a preschool setting. In some schools an orientation might be given to new volunteers by several staff members. It could last 1 hour or several hours. Further training can occur directly in the classroom setting.

Here the teacher is going a step further in building a partnership with the volunteer. She is including Nancy in classroom preparation and explaining what will take place the following week.

Allow original tape voices.

SCENE 3 Pat Steele

The next several scenes show some of the general tasks a volunteer might do to make a day go so much easier. Each school that has volunteers will have different jobs. But the volunteer is usually ready to do anything that is requested.

SCENE 4 Pat sweeping floor; preparation before class etc.

Voice over:

Here the volunteer prepares the room for the children. She takes the time to include a child, making him feel useful and more responsible.

SCENE 5 Pat recording snack

Voice over:

A volunteer may also be responsible for record keeping such as attendance. He or she may plan snack with the teacher which may later become a permanent responsibility.

SCENE 6 Snack in Loey's room; Carleen

Voice over:

And of course, once snack does occur there is much teaching and interacting with the children. Job responsibilities may also include cleaning up after snack, washing hands and dirty faces and...

SCENE 7 Carleen diapering

Voice over:

.......changing diapers.

SCENE 8 Music Group

Voice over:

In this scene volunteers are adding extra needed hands in music group.

SCENE 9 Pat Steele

No one expects the volunteer to jump in and take over the first day. Teachers and therapists are all sensitive to the fact that many days may go by before the new volunteer feels comfortable and more "at home" in the school, but when you are ready and you let staff know you are willing, you may be assigned certain tasks with individual children, certain office jobs, or certain jobs that are needed by the entire school. Once again, we return to the classroom for examples...

SCENE 10 Adult with child on training potty

Voice over:

The volunteer in this situation is teaching Maria how to go to the bathroom. Notice how she is down on the child's level, and notice the very special reward!

SCENE 11 Adult with child walking outside and then inside removing coat.

Voice Over:

Here the volunteer works one on one with Janey's motor program but allows her to do as much as she can on her own.

SCENE 12 Adult with child at table

Voice over:

Joan patiently works here with Mark so that he gets the added attention and help he needs everyday. There are often as many as 8 special children in this classroom. With the volunteer available, Mark gets as much as 1 hour of added individual attention.

SCENE 13 Adult with child on floor

Voice Over:

Natural play with a child is very valuable as can be seen in this situation with Don.

SCENE 14 Pat Steele

Often the teacher, staff, or therapist does not have the time to explain each and every detail of the office or classroom. Much is left up to the volunteer to instinctively watch and help where there is need. Good volunteers learn by watching and listening.

SCENE 15 Adult with children at play area

Voice over:

Here Jerry shows Carla how the mixer is used. He uses simple words as he demonstrates. Then he turns the mixer over to Carla and backs away. As a volunteer watching and listening to this interaction, you can learn the same technique.

SCENE 16 Adult with children in play situation

Voice over:

Because she has observed the teacher, Zeu Fen in this play situation moves away as children begin to play together.

SCENE 17 Ending comments

Now that you've seen a sampling of some of the jobs you might be asked to do when you volunteer, and if you've decided you would like to volunteer, then I recommend you go to the organization where you want to work and talk to the staff. Find out their funding sources, their policies and their goals and make sure you agree with everything. Then talk about the hours that they need you and the hours that you are willing to give.

If you are going to work with children, I strongly recommend you visit the classroom. Get to know the teachers and the children. If you decide that all of this is to your liking, then you are all set to really get into volunteering. And you will be a better volunteer and a happier volunteer. And a happy volunteer, is a great volunteer.

MUSIC

GRAPHICS

VOLUNTEERING ....
for fun and
non-profit

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VOLUNTEERING . . . FOR FUN AND NON-PROFIT

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VOLUNTEERING . . . FOR FUN AND NON-PROFIT

INTRODUCTION

No. 1

VOLUNTEERS, VALUABLE RESOURCES

Volunteers are a priceless resource to service organizations. Most programs that provide services for children appreciate volunteer involvement because more individual attention can be given to children. Volunteers can help reduce office workload. In addition, volunteers bring their unique interests, talents, and ideas to a program.

Albuquerque Special Preschool, a private non-profit school for young handicapped children, realizes the pay-off of putting energy and planning into a volunteer program. It is also recognized that recruiting and training volunteers is time-consuming. This information packet and accompanying videotape were developed to aid organizations interested in designing and carrying out a volunteer program.

WHO MAY BE INTERESTED IN THIS INFORMATION

The videotape and information packet are intended for use by organizations working with young, developmentally delayed children. It will be useful to preschool programs, day-care programs, and organizations specializing in various therapies. The materials are appropriate for use by staff members coordinating volunteer services as well as by volunteers themselves.

USE OF THE VIDEOTAPE

The videotape titled "Volunteering . . . for Fun and Non-Profit" was produced as a recruitment tape. It introduces volunteers to some of the services that they can provide in a program for young children. The film was not designed as a training instrument. Rather, it was designed to demonstrate to potential volunteers the expectations and rewards of volunteering. It is hoped that people who volunteer as a result of viewing the video will be committed because they have learned more about the process. The accompanying information packet offers ideas for the recruiting organization.

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USE OF THE INFORMATION PACKET

The information packet is designed to help agencies implement a volunteer program. The packet addresses such topics as: matching volunteer and organizational needs, volunteer recruitment, interviewing volunteers, training and evaluation of volunteers, and volunteer recognition. Each topic is presented separately to ease the "pull out" of the material of interest.

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VOLUNTEERING . . . FOR FUN AND NON-PROFIT

SUGGESTIONS FOR ADMINISTRATION OF A VOLUNTEER PROGRAM

No. 2

Often private non-profit organizations value the service of volunteers yet feel they lack the staff or the funding to carry out a volunteer program. Therefore, the administration of a volunteer program must be given careful consideration. The planning and organization of a volunteer program can be done systematically to prevent and eliminate work overload. Since a full-time volunteer coordinator is usually not available, the responsibilities of recruiting, placing, and training volunteers can be shared by staff members.

DEFINING AND SHARING JOB RESPONSIBILITIES

If these responsibilities are shared, communication is vital to the smooth and consistent functioning of the volunteer program. Consider:

1. Which job responsibilities go together?
2. Whcih staff members would be the most logical choice to carry out the job responsibility? For example, recruitment and community awareness require similar skills. These two responsibilities can be carried out by a staff member who has these skills as well as a schedule that allows for such activities. One person may be assigned to maintain the records on volunteers and can also serve as a contact when volunteers initially call an organization. The training and evaluation of a volunteer are tasks that complement each other, and are best carried out by staff working directly with volunteers.
3. What are the resources within and outside of your organization that can be helpful to the volunteer program? Board members may provide additional help. They have among themselves a variety of interests, skills, and connections with other people to serve as resources. Other agencies may assist with the placement and training of volunteers. Many social agencies and schools have services which provide a network between interested volunteers and service organizations. Often, they have volunteers ready to be assigned a placement. Some agencies to

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contact include: senior citizen programs, United Way agencies, high school vocational programs, university or college training programs, and service clubs (e.g., boy and girl scout troops, soroities and fraternities, Civitans, local religious groups, and so on). These agencies may also help with the training of volunteers. Resources on specific skills the volunteer may need can be found among books, filmstrips, speakers, or workshops. These materials, as well as a list of individuals or organizations to contact, can be compiled to form a volunteer resource library.

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VOLUNTEER RECRUITMENT

No. 3

Recruitment of volunteers is a necessary step in every program that needs extra help of this kind. The energy put into recruitment depends largely on program needs.

ONGOING RECRUITMENT

If a program has the need for a large number of volunteers on a consistent basis, then ACTIVE recruitment needs to occur. This may involve designing pamphlets and brochures to generate volunteer interest. Flyers can be distributed, and public service announcements can be produced and played. Luncheons, teas, site visits and other community awareness activities can be planned to provide interested volunteers with information about the program. Program information can also be listed with service organizations and directories specifically designed to connect volunteers with programs. Keep in mind that current or previous volunteers can assist with recruiting new volunteers, since they are representatives of your program.

It is important to make sure the program information you are offering volunteers is clear and accurate. This helps interested volunteers make appropriate commitments of their time and talents.

PERIODIC RECRUITMENT

Some programs may need volunteers on a more "casual" basis. For example, volunteers may be needed for occasional special events or on a temporary basis. The active recruitment ideas suggested above can be applied here. This active recruitment can provide the foundation for "on-the-spot" periodic recruitment.

Service organizations whose members are committed to projects and community involvement (e.g., Civitans, Elks, etc.) are great sources for volunteer help, especially for periodic special events. Appeal to these service organizations well in advance of the event when their help is needed. Follow up their help with a thank-you and put them on your mailing list. This is beneficial in establishing a working relationship.

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RECOGNITION

The form of recognition and appreciation given to volunteers should be highly visible. Recognition can be publicized to provide motivation and stimulate interest from prospective volunteers. In this way, recognition can also serve as a recruitment tool.

UPDATING RECRUITMENT TECHNIQUES

It is important to periodically review and update recruitment techniques. This is necessary to evaluate whether these techniques are meeting the volunteer program's needs. Ask volunteers for feedback on what attracted them to the program (was it a flyer, a newspaper article, a radio announcement, a friend, a past volunteer?) to determine which techniques are successful.

SAMPLE T.V./RADIO ANNOUNCEMENT

> "(Program Name) needs extra hands every day. Call (Contact Person and Phone Number) and become a classroom volunteer. You'll enjoy helping children ages three to five. The rewards last a lifetime."

NEWSPAPER INVITATION TO VOLUNTEER LUNCHEON

> "(Program Name) is sponsoring a volunteer luncheon on (Date, Time, Location). Come join other volunteers and learn about the special things that happen at (Program Name) and how you can become involved. Call (Contact Person and Phone Number) for more information."

TIPS FOR BROCHURES, PAMPHLETS, AND FLYERS

Keep the information brief.

Present facts such as: who the program serves, what services are provided, location of the program, program hours, outline of what the volunteers' job responsibilities include, contact person and phone number.

Whenever possible, include photographs of the children engaged in program activities.

Include comments on the rewards achieved through volunteer involvement (e.g., satisfaction of helping others, learning new skills, and so on).

Summarize the program's philosophy towards volunteers (e.g., "(Program Name) values volunteer services.").

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VOLUNTEERING . . . FOR FUN AND NON-PROFIT

INTERVIEWING VOLUNTEERS

No. 4

When prospective volunteers contact a program, information can be provided and an interivew and program tour can be scheduled. An inventory of the volunteer's interests and skills (see Sample - Volunteer Inventory of Interests and Skills, No.) can be mailed to the volunteer to be filled out and then brought to the scheduled interview.

DEFINE JOB RESPONSIBILITIES

The interview is the common setting chosen to ask questions, provide information and discuss job responsibilities. It is important that both program and volunteer gain complete information from the interview to assure successful placement and job satisfaction. The interview can be conducted as if the volunteer were applying for a paid position.

The program should have developed a philosophy towards volunteers. This philosophy along with a clear definition of volunteer roles, job responsibilities and program goals should be provided at the initial meeting with the volunteer. The skills and techniques necessary to carry out job responsibilities can also be discussed. An interview form can be filled out at this time (see Sample - Volunteer Initial Interview Form, No.4A).

During this interview the volunteer can provide information on interests, skills, attitudes, and motivation for volunteering.

QUESTIONS TO BE ADDRESSED

The volunteer should be encouraged to ask questions about the program and, in a sense, conduct their own interview. Following is a list of possible questions a volunteer may ask and to which a program should be prepared to answer:

What are the philosophies and goals of the program?
What services are provided by the program?
Who does the program serve?
How long has the program been established?

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What are the funding sources for the program?

What are the different job positions within the program?

What training/education is required of the staff?

What are the volunteer responsibilities?

Who will the volunteer be working with (children, therapists, parents, etc.)?

When are the volunteer services needed (days, time, duration)?

Of what does the volunteer training consist?

How will the volunteer be evaluated?

What procedures should be followed when a conflict arises?

What are the benefits or rewards for volunteers (reimbursement for transportation, training, access to resources, letter of recommendation, etc.)?

SELECTION AND PLACEMENT

By the end of the interview you should have gathered enough information to make a selection and placement decision. If at all possible involve the volunteer in the placement decision. Involving them in this process is important in letting them know you value their opinion. Next, arrangements for further orientation and training can be made.

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SAMPLE

VOLUNTEER INITIAL INTERVIEW FORM No. 4A

DATE OF CONTACT: ____________________

NAME: ____________________

ADDRESS: ____________________

PHONE: ____________________

DATE OF BIRTH: ____________________

HOW DID YOU BECOME AWARE OF THE PROGRAM?

WHAT HOURS/DAYS DO YOU PREFER TO VOLUNTEER?

INTERESTS:

PREVIOUS VOLUNTEER OR OCCUPATIONAL EXPERIENCE:

EMERGENCY CONTACTS:

1) ____________________ Name	2) ____________________ Name
____________________ Address	____________________ Address
____________________ Phone	____________________ Phone

SIGNATURE: ____________________

FOR OFFICE USE

PLACEMENT: ____________________ TERMINATION DATE: ____________

COMMENTS:

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SAMPLE

VOLUNTEER INVENTORY OF INTERESTS AND SKILLS

No. 4B

Please complete the following survey and bring it with you to the interview on

______________________________.

Previous volunteer or occupational experience:

Did any of this include work with special needs children? ________________

Please check all areas of interest that you might have at this time:

Classroom Aide ________ Age Range ________

Frequent contact OR just prefer (circle):

field trips special events swimming

Therapy Aide ________ Age Range ________

Counselor Aide ________

Receptionist ________

Telephoning from home ________

Typing ________ Home ________ School ________

Fundraising ________ Committee chair ________ Assistant ________

Contributing member _____

Child care for meetings ________

Child care in your home during emergencies ________

Time period you would consider____________

Help with school newsletters ________

Workdays (clean up and repair of school) ________

Carpentry ________

(continued)

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Special Teaching Skills (That is, things that you could teach or share with children in the classroom on a monthly or twice-monthly or one-time basis). Check any that apply:

- sewing
- nutrition
- painting
- dance
- cultural awareness
- plays
- reading books
- story telling
- music

OTHER: People who volunteer usually have a wide variety of skills and interests. Please take a minute to write down any you may have that are not included above.

****

TIME PREFERENCE:

Mornings (List days) ______________________________

Afternoons (List days) ______________________________

Evenings (List days) ______________________________

Can you volunteer the entire school year? __________

Will there be any times during the year that you will probably not be available? ______________________________

Thank you for taking the time to fill out this survey. We are looking forward to seeing you at the school. Your interest is very much appreciated. We hope we can match interest, skills, and time preference with you as soon as possible.

______________________________ Signature of person doing the interview.

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MATCHING VOLUNTEER SKILLS AND PROGRAM NEEDS

No. 5

WHO IS A VOLUNTEER?

A volunteer is an individual who offers his or her skills and services to others. Volunteers are responsible and involved persons. They may provide services similar to those of paid staff members. They are motivated to work and receive hugs, smiles, and lots of appreciation as payment.

Therefore, volunteers and paid staff members seek to meet similar needs through their work. Some of these needs include:

Feeling worthwhile
A sense of belonging
Growth in knowledge and experience
Self satisfaction and achievement
Contact with others with common interests
Gratification and recognition from others
Community involvement and commitment
Opportunity for self expression

DEFINE PROGRAM NEEDS

The organization which values volunteer services will recognize the volunteer's needs and talents and match these to the organization's needs. First, define and list the organization's needs and resources.

1. What tasks need to be performed and what are the skills and qualifications needed (e.g. typing, filing, public relations, fundraising, assisting in the classroom, making classroom materials or adaptive equipment)?
2. When is the volunteer service needed?
3. How will volunteers be trained (e.g. no training required for the task, to be assigned to a staff member responsible for on the job training, through training workshops, complete a self training program and meet certain criteria)?
4. What resources for training workshops are available (e.g. slideshow, filmstrip, videotape, demonstration and observation, speakers)?

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DEFINE VOLUNTEER SKILLS AND NEEDS

When a volunteer calls or comes to visit the program, be clear about job responsibilities, program philosophies and expectations. Ask potential volunteers what hours/days they are available. Determine their skills and interests. Ask them what they wish to gain from the volunteer experience. See the sample Volunteer Initial Interview Form and Volunteer Inventory of Interests and Skills (No. 4A and 4B, respectively) as guidelines.

You may provide the volunteer with a program tour which will assist them in visualizing how their interests and skills fit into the program.

Gathering this information about needs and skills is important and useful in planning the training and resources that are needed to prepare the volunteer to successfully accomplish job responsibilities.

VOLUNTEERING . . . FOR FUN AND NON-PROFIT

No. 6

VOLUNTEER EVALUATION

Of course any volunteer is just that, a volunteer. They have come to your organization to give their time for no monetary compensation. For that reason they should not be subject to evaluation unless they agree that they would like to have some feedback regarding their performance.

PURPOSE OF EVALUATION

Many people use their volunteer work as a stepping stone to future occupations and therefore appreciate any evaluation as part of their training toward that end. Others volunteer to further enhance skills that are used at home, in church settings, or in child care and school settings. Still others have no particular purpose in mind other than the enjoyment of being with small children or participating in a work situation. These individuals still appreciate evaluation or comments on their performance for their own personal growth.

The organization making use of volunteers is concerned with performance and can use scheduled evaluation times to make things flow more smoothly in the work setting. Planned evaluation also aids in defining expectations and provides a framework for both parties.

POINTS FOR EVALUATIONS

1. Each organization, and each department using volunteers should have separate evaluation forms appropriate to their particular needs.
2. The evaluation form should have room for open-ended comments from both the organization and the person being evaluated.
3. The evaluation form should reflect positive actions of the volunteer.
4. The evaluation itself should cover 5 to 6 major areas and not get trapped in excessive detail. The volunteer should be able to request more elaborate evaluation. However, the organization should assess the time commitment required of extensive feedback. If it is felt that the volunteer will be a "long term investment" for the organization, the added time is certainly warranted.

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5. Each volunteer should be asked at the beginning of the year whether they wish to be given feedback on their work. They should be shown the evaluation form(s) and, at that time, asked if they would like any additional feedback not covered on the form. A reasonable and mutually agreed upon time should be arranged for each evaluation date. The volunteer should know exactly who will be doing the evaluation and the person(s) responsible should not relinquish this task to any other person.

6. When the volunteer is evaluated, all persons contributing should be in attendance. This is often a nice time to take the volunteer to lunch or to coffee away from the work situation. Care should be taken to be very appreciative and positive. Even if the volunteer has requested that points of improvement be covered, this should be done carefully. Remember, this person is a volunteer and not a trainee or a person under salary.

7. Encourage the volunteer to give staff feedback about the program. They may have ideas or suggestions for the organization of the volunteer program.

EXAMPLE EVALUATION FORMS

As suggested earlier, each organization and each depratment within an organization should develop an evaluation form appropriate to the area in which the volunteer serves. Below are two samples of possible evaluation forms, one for a volunteer in a classroom and one for a volunteer in an office:

Classroom Volunteer

Attitude toward children:

Task assignments in classroom:

Initiative:

Understanding intervention (why and when it is done, and by whom):

Interaction with other adults (teachers, aide, parents, visitors, etc.):

Volunteer in the Office

Response to assigned tasks/Task load (sufficient, increase, change):

Answering phone:

Initiative:

Interaction with staff, visitors, parents:

VOLUNTEERING . . . FOR FUN AND NON-PROFIT

VOLUNTEER TRAINING

No. 7

Prior to orientation and training of the volunteer it is useful to assess skills and interests. With this information a work schedule and placement can be arranged. This information can also help determine the type of training that should occur.

PLANNING TRAINING SESSIONS

Volunteer orientation and training should be interesting, pertinent, and clear. Personal contact and support are essential to quality training sessions. Training is ongoing with several training sessions planned. The volunteer should be told the purpose and goal of the training. It is important to keep in mind that the main goal for all involved is a focus on the services provided to the clients of the program. Another goal is that volunteers and paid staff develop working relationships in which they view each other as co-workers. Whenever possible volunteers should be included in meetings and training activities available to paid staff to promote this working relationship.

It is beneficial to train volunteers in a group setting. For the staff member(s) conducting the training, this is efficient use of their time. This also provides volunteers the opportunity to socialize and get to know each other, to develop a sense of belonging and group camaraderie. As the volunteers get to know each other they can provide support and feedback among themselves.

Consider the volunteer's learning style when planning training sessions. Most volunteers assisting in a program for young developmentally disabled children are either teenagers or adults. Research suggests that teenagers and adults develop a problem solving orientation to learning rather than a subject-centered orientation. Therefore, it is useful to allow volunteers to incorporate prior experiences and apply these to new learning. Inform volunteers that you encourage their active participation during the training. Plan a variety of learning activities which facilitate their participation. Some activities that facilitate experiential learning and participation are: role playing, problem solving

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discussions, presentation of a case study, and actual "hands on" experiences which are structured or supervised. Handouts, panel presentations, lectures, readings, and media presentations (filmstrips, videotapes, etc.) are activities which can support the volunteer's learning. Remember to use resources such as past or current volunteers. They can present information and discuss volunteer experiences to serve as role models. Keep volunteers busy and involved, let them know you value their time.

POINTS TO COVER DURING TRAINING

Each program will need to outline the training topics that should be addressed to suit their program and it's volunteers. However, there are a few points that should be addressed in any training program for vlounteers working with young children.

1. Inform volunteers of specific duties and the methods and materials needed to carry out these duties.
2. Demonstrate specific teaching strategies.
3. Define the terms and techniques used in training (e.g. define the technique of prompting).
4. Assist volunteers in identifying children's strengths and weaknesses.
5. Encourage volunteers to respect the children's individuality and avoid the comparison of the children.
6. Train the volunteer to observe children's behavior and to gain practical information from these observations.
7. Let volunteers know you expect them to be reliable and dependable.
8. Assist volunteers in being part of a teaching team (requires communication skills, ability to take direction, ability to initiate, and so on).
9. Allow them the opportunity to employ their own ideas.
10. Stress the need for attention given to the safety of the children.
11. Inform them of the need to maintain the confidentiality of the children.
12. Let the volunteer know the steps to be taken when a problem arises.
13. Help the volunteer learn to communicate effectively with children.
14. Encourage the volunteer to approach the situation in a positive manner.

VOLUNTEERING . . . FOR FUN AND NON-PROFIT

VOLUNTEER RECOGNITION

No. 8

It is important to develop a system for recognition of the services provided by the volunteer. This maintains volunteer interest and involvement. Recognition that is highly visible can also promote community awareness and attract new volunteers.

DAY TO DAY RECOGNITION

Programs can assist the volunteer in recognizing rewards that occur on a day to day basis. Encourage volunteers to see how the program benefits from the performance of their tasks. For example, you can point out to the volunteer that the children receive more individual attention with their help. Also, encourage the volunteer to value their own skills and achievements. Hugs, smiles, and thank yous from the children, their parents, and staff members are always appreciated.

PERIODIC RECOGNITION

When volunteers are given feedback, stress the positive and discuss their growth and contributions. Choose appropriate times throughout the year to demonstrate appreciation. Some likely dates may be the volunteer's birthday, during National Volunteer Week, and on special holidays.

RECOGNITION IDEAS

Volunteers can be honored in several ways. A feature article on a volunteer can be written for a program newsletter. A "volunteer of the month" can be selected and honored with flowers or other appropriate gift. Certificates of appreciation or plaques can be distributed. Opportunities to attend advanced training can be available to volunteers. Staff members can plan teas or take volunteers to lunch to demonstrate appreciation. Parents can organize an annual dinner at which volunteers can be recognized. The names of volunteers can be submitted to local television and radio programs that spotlight community volunteers. Remember, often the most prized and long lasting reward is the self satisfaction the volunteer gains from working with the children.

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VOLUNTEERING . . . FOR FUN AND NON-PROFIT

AVOIDING CONFLICTS: YOUR BEST FOOT FORWARD

No. 9

In the long run, the people who are hurt most from any conflict situation in a preschool are the children. It is therefore imperative that the volunteer let the teacher, therapist, or administrative staff know of any problem situations, disagreements, or misunderstandings. Only by discussing concerns (at the proper place and time, of course) are conflicts to be avoided.

PROBLEM SITUATIONS

It is best to mention here that the volunteer needs to keep in mind that often a staff member has at least one aide to train, a new group of children and concerned parents, and often work extra hours to stay ahead of all the demands. The volunteer, so desperately needed, may not be given the attention a staff member would like to give. Be patient. Learn by observing as much as possible. Remind the staff person that you need feedback and guidance in certain areas.

The volunteer should feel free to ask as many questions as necessary of the staff member. Keep a notebook handy to jot down questions. Be certain to ask these questions or bring up concerns at secheduled meeting times unless you feel a great urgency.

If you are uncomfortable with a certain method of handling behavior or with other situations, ask the staff member for his/her rationale. After a time, if you find yourself in personal conflict with a certain staff member's philosophy then you should ask to work with someone else.

If you feel that too much or too little work is being given to you, after at least 5 to 7 days, discuss this with the staff member.

Remember, when you feel uneasy, disenchanted, or discouraged, go directly to the staff member(s) with whom you are working. With this person you can identify and clarify the problem as well as come up with possible solutions. Try to keep negative feelings out of the classroom, away from the children and their parents.

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The following ideas for neutralizing a conflict are reprinted by permission from The Parent Center, Albuquerque Public Schools.

TIPS FOR DEALING WITH AGGRESSION

DO

___ 1. LISTEN
___ 2. WRITE DOWN WHAT THEY SAY
___ 3. WHEN THEY SLOW DOWN, ASK THEM WHAT ELSE IS BOTHERING THEM
___ 4. EXHAUST THEIR LIST OF COMPLAINTS
___ 5. ASK THEM TO CLARIFY ANY SPECIFIC COMPLAINTS THAT ARE TOO GENERAL
___ 6. SHOW THEM THE LIST AND ASK IF IT IS COMPLETE
___ 7. ASK THEM FOR SUGGESTIONS FOR SOLVING ANY OF THE PROBLEMS THAT THEYV"E LISTED
___ 8. WRITE DOWN THE SUGGESTIONS
___ 9. AS MUCH AS POSSIBLE, MIRROR THEIR BODY POSTURE DURING THIS PROCESS
___10. AS THEY SPEAK LOUDER, YOU SPEAK SOFTER

DON'T

___ 1. ARGUE
___ 2. DEFEND OR BECOME DEFENSIVE
___ 3. PROMISE THINGS YOU CAN"T PRODUCE
___ 4. OWN PROBLEMS THAT BELONG TO OTHERS
___ 5. RAISE YOUR VOICE
___ 6. BELITTLE OR MINIMIZE THE PROBLEM

APPENDIX G

Integration Model Workshop - agenda

Albuquerque Integration Project Overview

Outreach Approach - Model Components

Table 1: Test Means and Standard Deviations As a Function of Classroom Placement

Table 2: Incorrectly Classified Preschool Children's Scores in Comparison to Group Means

What is Parent Involvement?

Structure of Educational Teams

albuquerque
special
preschool

INTEGRATION MODEL WORKSHOP

Developmental Disabilities Team
Programs for Children
December 9, 1983

9:30 - Overview of AIM (Albuquerque Integration Model)

9:45 - Making Placement Decisions

10:20 * * * Break * * *

10:30 - Parent Involvement

11:15 - Team Approach - Rationale, Function & Structure

11:45 - General Discussion

ASP Outreach Team Participants: Gail Beam, Linda Askew, Mary Fortess, Darro Breshears-Routon, Pat Krchmar, Bobbye Krehbiel, Debbie Maier

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Albuquerque Integration Project Overview

The Integration Project grew out of a traditional special education program for developmentally delayed children which had been providing educational and therapeutic services for nearly ten years. As the need to involve many of the handicapped children in less restrictive environments became evident, a continuum of integrated placement options was eventually developed based on the premise that more "normalized" environments have increased numbers of children in groups, greater numbers of non-handicapped to handicapped children, and fewer adults. Placement options include:

LEVEL I:	1:1 handicapped to non-handicapped ratio 10 - 12 children total. Single teaching or team-teaching using one early childhood and one special education teacher.
LEVEL II:	1:2 ratio handicapped to non-handicapped 15 - 18 children total. Team-teaching approach, same as above.
LEVEL III:	1:3 ratio or greater (number of non-handicapped) 15 - 18 children total. Single early childhood teacher approach (after one to three months of team-teaching) with special education teacher followup.

Handicapped children selected for integrated class placement were between 2.1 and 4.11 years of age, with mild to moderate delays in one or more areas of development (and, in a few cases, with severe delays in one or more developmental areas). Non-handicapped children ranged from 1.10 - 4.11 years of age, and were usually placed with handicapped peers whose group mean chronological age was slightly older. Thus, children were of a similar developmental level.

A child could enter the program at any level, but, generally the younger children or more severely handicapped children were placed in a Level I class, and could later be moved to a Level II or Level III, depending on individual progress and needs.

OUTREACH APPROACH

Model Components

The components of the Albuquerque Integration Model provide the basis for proposed outreach activities and assistance. These include:

1. Identification and placement of handicapped and nonhandicapped children in integrated programs

In making placement decisions at the Albuquerque Special Preschool, the professional staff utilize information from the Learning Accomplishment Profile (LAP), the Westby Symbolic Play Scale and the Criteria Check-List (developed by the Albuquerque Integration Project; see objective 5 of this proposal). Posttesting of handicapped children placed in both integrated and non-integrated settings, by virtue of a statistically-derived combination of scores on these instruments, has documented the potential usefulness of employing these instruments for placement purposes (See Report of Research, Appendix D). The combination of scores differentiates children in the integrated group from those in the non-integrated group; and, informal accounts from staff members attest to the accuracy of the placements. In addition, research indicates that the Checklist offers some unique information on children.

If a replication site were to adopt this particular component of the Albuquerque Integration Model, we require that the LAP and Criteria Checklist be used. The Westby, which should be administered by a Speech and Language Pathologist is optional. The outreach project staff provide training in the use of all three instruments. In addition to providing information regarding children's developmental growth to the replication site, the Albuquerque Integration/Outreach Project will use these data in the modification of the Checklist. They will also be used in an effort to determine the external validity of the Checklist by seeking information from professionals regarding their perceptions of the appropriateness of children's placements.

Also, general guidelines have been developed for traditional special education programs to select nonhandicapped children for inclusion in their programs. It is recognized that regular preschool, daycare, Headstart and public school agencies have little or no control over this variable. However, an understanding of the recommendations regarding appropriate peer models may prepare staff in such agencies to anticipate problems and to modify activities, the environment or the daily schedule to minimize them.

2 The Albuquerque Integration Model Curriculum

This developmentally-based approach has been articulated in a guide to integrating handicapped and nonhandicapped preschool children, Making Integration Work: A Teacher's Perspective (under separate cover, Appendix G). Co-authored by a special educator and an early childhood specialist, instrumental in the development of the integration model, the guide details suggestions to implement the following elements: environmental modification, strategies to promote interaction among the groups of children, planning daily scheduled, individualizing instruction within large and small groups, delivery of therapeutic services on a consultant basis, and planning in a team. The guide is a primary training tool, and we believe that adherance to its principles can result in a high quality integrated program. For this reason, adoption of the curriculum is required of replication sites. Research indicates, however, that no particular philosophy or curricular approach (such as Montessori, Piagetian-based, structured, etc.) is superior to all others; rather, it is important for an early education program to be based on any one consistent philosophy or curriculum. Therefore, if a replication site has a curriculum in place, we would require only that staff make modifications in the environment (according to the guide, if warranted) and employ consistently the suggested strategies to promote interaction between the groups of handicapped and nonhandicapped children during a self-selection time of day.

3. The Team Approach

The ideal team to serve children in an integrated or mainstream classroom is comprised of an early childhood specialist, special educator, parent, occupational therapist, speech therapist and paraprofessional classroom aide. Due to funding constraints or staff shortages in rural New Mexico programs, there is often only one teacher to work with the parents and/or therapists on a consultant basis. This necessitates the cross-training of professionals or paraprofessionals in either early childhood or special education.

Needs assessment instruments have been developed for a variety of teachers/aides/providers (Appendix C) in order to pinpoint areas for training. These address competencies and information for special educators serving nonhandicapped children for the first time and early childhood teachers serving handicapped children for the first time. In addition, training in the team-teaching approach can help staff members get more out of scheduled team meetings for purpises of revising IEP's and planning to implement objectives appropriate for individual children in the integrated classroom. Individual staff development plans are recommended, and can be designed for staff in target agencies. The adoption of this component requires a commitment from the administration of the replication site that sufficient time will be allocated for planning.

4. Continuum of placement options (from most to least restrictive environment) and recommended ratios for children and staff

The following placement options were developed as part of the Albuquerque Integration Model:

LEVEL I:	1:1 Handicapped to nonhandicapped ratio, 10-12 children total Single teaching or team-teaching using one early childhood and one special education teacher
LEVEL II:	1:2 ratio Handicapped to nonhandicapped 15-18 children total Team-teaching approach, same as above
LEVEL III:	1:3 ratio or greater (number of non-handicapped), 15-18 children total Single early childhood teacher approach (after one to three months of team-teaching) with special education teacher followup

Generally speaking, younger children are better served in the more structured Level I setting; while an older child who is not in need of a great deal of individual therapetic intervention might profit the most from a Level III or mainstream setting. It is also helpful if the nonhandicapped children are chronologically younger than their handicapped peers so that the groups are developmentally similar. The staff of the Albuquerque Integration Model will assist in determining the least restrictive environment for specific handicapped children; and, depending on the program offered and the population served by a replication site, will recommend a particular level (or its adaptation) for implementation. Since the presence of a paraprofessional classroom aide greatly enhances the program quality in each of the three options, assistance is offered to programs in the recruitment and training of volunteers in the event that funding is not available for an additional position.

5. Parent Involvement

Parents are considered team members in the Albuquerque Integration Model, and are afforded a variety of opportunities for involvement. They are included in individual program planning at minimum, but are also encouraged to participate in classes, workshops or as regular volunteers in the program. A Parent Strengths/Needs Assessment (Appendix C) is employed to provide a program with a structure for planning parent classes or other opportunities for participation. Methods for conferencing with parents and maintaining open channels of communication are recommended. In addition, parents are often included in the volunteer training which will be developed further (See Objective 9). The Parent Handbook, currently underway, will be available to replication sites for the purpose of orienting parents to the concept of integration.

Table 1

Test Means and Standard Deviations
As a Function of Classroom Placement [a]

	NONINTEGRATED	INTEGRATED
Criteria Checklist	214.91 (68.64)	320.22 (44.31)
Learning Accomplishment Profile	29.27 (6.99)	44.01 (6.38)
Alpern-Boll Developmental Profile	32.41 (9.17)	48.53 (7.85)
Westby Symbolic Play Scale	3.40 (1.24)	5.27 (1.54)

[a] Learning Accomplishment Profile and Alpern-Boll Developmental Profile scores are expressed in Months. Westby Symbolic Play Scale scores reflect the mean developmental stage. Criteria Checklist scores represent the mean total score. Numbers in parentheses are standard deviations.

Table 2

Incorrectly Classified Preschool Children's Scores in Comparison to Group Means

Actual Group Membership	Discriminant Score	Checklist	LAP	P(G/X)[a]
Nonintegrated	.81	309.33	41	.76
Integrated	-.16	225.00	36	.73
NONINTEGRATED				
Group Mean	-0.98	214.91 (68.64)	29.27 (6.99)	
INTEGRATED				
Group Mean	1.23	320.22 (44.31)	44.01 (6.38)	

---

[a] P(G/X) represents the probability that a child belongs to the group of which he or she is not actually a member.

WHAT IS PARENT INVOLVEMENT?

As stated in the welcome, we believe that a child improves when the parents or others in the family are involved with the school he or she attends. But just what is involvement? We feel there are many levels of involvement. Some parents do one level, others become involved with the school at several levels. The level you choose will depend on your time, energy, and interests. ALL levels are important. Many are listed below by the amount of time they may take. The approximate times listed on the left are based on an entire school year (9 months).

Approximate TIME PER YEAR	INVOLVEMENT LEVELS OR ACTIVITIES
4 hours	LEVEL I ENROLLMENT - (Includes filling out papers, reading school information that is sent home, etc.)
6 hours	INDIVIDUAL EDUCATION PROGRAM (IEP) (Involves parents helping the teachers and therapists with goals for the child) ASSESSMENT; HOME VISITS: SCHEDULED SCHOOL CONFERENCES.
	LEVEL II - SCHOOL MEETINGS & WORKSHOPS AND GROUPS
2 hours	- Orientation
5 hours	- Parent Association Meetings
15 hours	- Monthly parent groups
8 hours	- Monthly parents groups (Infants)
3-24 hours	- Special Training or Educational Workshops
	LEVEL III - FUND RAISING
2 hours	- baked goods
8+ hours	- projects; arts and crafts
6 hours	- preparation or actual attendance at event
40-60 hours	- Chairperson
20 hours	- Assistant Chair
	LEVEL IV - DIRECT INVOLVEMENT
36-180 hours	- Home follow through on counseling, occupational therapy, physical therapy related to the child (1 hour maximum per day)
6 hours	- Field trips (usually 3 per year)
64 hours	- Swimming (2½ hours per week maximum)
36 hours	- Occasional classroom aide (1 hour per week)
72+ hours	- Regular classroom aide (2-3 hours weekly)

Approximate TIME PER YEAR	INVOLVEMENT LEVELS OR ACTIVITIES
	LEVEL IV - DIRECT INVOLVEMENT (Continued)
2-20 hours	- Make or collect materials for classroom
3-15 hours	- Plan menus/prepare special snacks
27 hours	- Choose children's books from public library
9 hours	- Room parent (involves organizing and calling)
4 hours	- Sharing of your special skills and talents with the children
	LEVEL V - ENTIRE SCHOOL PROJECT
63 hours	- Buying for snack program (6 hours per month)
12-18 hours	- Participation in workdays (usually 6 hours per workday)
63 hours	- Help with Parent Library (3-6 hours per month)
63 hours	- Help with PARENT PRESS (1-6 hours per month)
4 hours	- Carpool organization
12 hours	- Involvement with Buddy System (Calling a family on the waiting list or a family going through a particularly hard time such as hospitalization of a child) 1 hour per month
3-9 hours	- Help parent counselor run meetings, groups, or workshops
9 hours	- Coordinator of new Parent Area (1 hour per month)
9 hours	- Coordinator of Child Care Coop (1 hour per month)
6 hours	- Transportation for brothers or sisters to attend special workshops
	LEVEL VI - OUTSIDE INVOLVEMENT
72+ hours	- Involvement with organizations such as PRO (Parents Reaching Out); CEC (Council for Exceptional Children); AARC (Albuquerque Association for Retarded Citizens)
6-9 hours	- Speaker on parent panels

STRUCTURE OF EDUCATIONAL TEAMS

	General Statements	Examples
ITE	-Mutually agreed upon. -Easily accessible to all members.	School, family home, therap office.
TEAM MEMBERS	-Team Case Manager is always identified. -Core members-these people are involved in every team meeting. -Extended members-these people don't participate in every team meeting.	-Teacher, parent, nurse. -a) Parent, teacher -b) Teacher, aide -c) Teacher, ST, OT, PT, ai -The ST can't meet regularly; therefore the case manager calls and reports to team.
SCHEDULE	-Mutually agreed upon. -Specified day/time. -On-going. -Specified length of meeting. -Administrative backing	-Every 2nd Monday at lunch fo 30 minutes. -Comp.time, stipend, acknowle ment
MEETING FOCUS	-Evaluate/update all children's progress. -Identify problems to solve. -Share information with all members. -Plan for next meeting.	-John is saying "more" wh appropriate. -John is wetting pants during each therapy session. -Johns' mother just had a bab -The kids we will discuss nex time are...
ROLE OF FACILITATOR	-Clarify , summarize information from all team members in a non-judgemental way. -Facilitate problem solving. -Insure that meetings start/stop on time. -Can be permanent or rotating position. -Insure that members are on-task and agenda is followed.	- Case Manager or appropriate administrator, etc.

RECORDER	-Write down information discussed at team meeting on recording form. -Can be a rotating or permanent position.	- Any team member
RECORDING FORM	-Used for documenting: a. Major points covered b. Responsibilities identified. c. Time frame outlined. -Documentation should be accessible for team members reference.	-John is wetting [illegible] during therapy session. -ST will make sure John goes bathroom before going to the -This will start immediately. -Recording form is in folder titled "team meeting" in the top file cabinet drawer.

FUNCTION OF THE TEAM: To promote maximum growth of the child in all environments. Due to the number of team members, these may be limited to the classroom, and possibly the child's home; although, a variety of therapeutic environments might also be included. At the simplest level, the team's most important product is a set of realistic educational recommendations (e.g., How can we achieve the goals that have been set for this child? Is he or she progressing, or do we need to modify our intervention, etc.?)

The better the educational recommendations of the specialists involved, the more useful the team is!

APPENDIX H

"Implications of Integration" - agenda

"Using the LAP and E-LAP" - agenda

"Teaching Strategies: Handicapped and Nonhandicapped Children Learning Together" - agenda

"Parents and Teachers: - A Two-Way Mirror" - agenda

"Strategies for Teaching Children with Special Needs" - agenda

"Implementing Educational Plans to Meet Children's Goals" - agenda

Albuquerque Special Preschool Direct Training Data Sheet

Outreach Site Data Sheet

Albuquerque Special Preschool Outreach Project Needs Assessment

New Mexico Map - Replication Sites

Site Visit Agenda - El Valle,TRESCO/N.M.S.U Dove Learning Center

Implications of Integration
Mainstream Workshop (Series #1)

8:30 - 8:50	Coffee/Welcome
8:50 - 10:20	Video: "Demystifying Special Education" Site Visit
10:20 - 10:30	BREAK
10:30 - 11:30	"An Overview of Handicapping Conditions" Stan Handmaker. Programs for Children
11:30 - 11:45	Questions and Discussion

PURPOSES:

1. To suggest that teaching in an integrated preschool is an extension of teaching in a regular preschool.

2. To provide information on several handicapping conditions and implications for the classroom.

3. To allow for observation and discussion in an integrated class, including; the environment, transitions, interactions, the routine and classroom activities.

4. To allow time for participants to individualize information, making it relevant to their classrooms.

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PRESENTS:

USING THE LEARNING ACCOMPLISHMENT PROFILE (LAP and E-LAP)

November 16, 1983
8:30 AM to 2:30 PM

AGENDA

AM

- Overview of the LAP and E-LAP
- General Priciples in Assessment
- Review of Materials Needed
- Administration and Scoring
- Practical Suggestions
- Potential Problems and How to Avoid Them

------- lunch ------

PM

- Actual Administration/Scoring
- Review
- Question and Answer Period
- Evaluation Questionnaire

Presented by Pat Krchmar
at the Zia Therapy Center

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> "The environment can be seen
> as an actor, not a stage"
>
> -C. Loughlin

"TEACHING STRATEGIES: HANDICAPPED AND NON-HANDICAPPED CHILDREN LEARNING TOGETHER"

Mainstream Workshop Series

February 16, 1984

Albuquerque Special Preschool, Room 23

Agenda

12:45-1:00	Introduction/overview
1:00-1:30	The Environment as a Teaching Tool, Linda Askew
1:30-2:00	Becoming Better Observers of the Environment (a videotape review), Debbie Maier, S.T.
2:00-2:40	Materials Scavenger Hunt, Linda Askew
	Break
2:40-3:15	Presenting Materials to Facilitate Discovery Learning, Mary Fortess
3:15-3:30	Closing/summary

OBJECTIVES

1. Participate, hear and discuss the definition of environment and its components.
2. Participants will observe, on videotape, various components of the environment and strategies for using the environment.
3. Participants will problem-solve the rationale for using the environment as a teaching tool with specific situations.
4. Participants will actively find materials available in several locations that can teach concepts.
5. Participants will identify ways to present materials which encourage discovery.
6. Participants will identify strategies to extend or expand the use of materials and reach many developmental levels through adult facilitation.

Mainstreaming: Helping every handicapped child to have and to prepare for as normal a life as possible and helping every normal child to learn compassion and respect for individual differences.

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PARENTS and TEACHERS: A TWO-WAY MIRROR

Reaching Consensus

Mainstream Workshop III
April 26, 1984

12:45 - 1:00	Introduction
1:00 - 1:30	Family Dynamics
1:30 - 2:20	Active Listening
2:20 - 2:30	Break
2:30 - 3:15	Conferencing with Parents
3:15 - 3:45	Discussion and close

Purposes

* To help make adults in the classroom aware of the needs of families

* To further develop the skills necessary to become an effective listener

* To elaborate on communication skills between parents and teachers

* To provide a framework for giving sensitive information to parents

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PROJECT AIM/OUTREACH WORKSHOP

Strategies for Teaching
Children with Special Needs

Portales, New Mèxico
April 28, 1984

9:00 - 9:15	-Coffee
9:15 - 9:40	-Introduction
9:40 - 10:15	-The Development of Communication in Young Children
10:15 - 10:50	-Communication: Problems and Intervention 5 Case Studies
10:50 - 11:00	-Break
11:00 - 11:35	-Identifying Motor Dysfunction
11:35 - 12:15	-Activities to encourage motor development
12:15 - 1:00	-Sack Lunch
1:00 - 2:30	-Behavior Management in the Classroom

Purposes:

- how to recognize potential problems in language or physical development
- how to plan activities that encourage language and physical development for children who are at different skill levels
- how to manage behavior problems within the classroom setting

Presenters:

Debbie Maier, Speech and Language Pathologist
Erin Moody-Robinson, Occupational Therapist
Linda Askew, Integration Specialist

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ALBUQUERQUE SPECIAL PRESCHOOL
PROJECT AIM

Eight Northern Indian Pueblos

September 14, 1984

Presenters: Nancy Lewis - Speech/Language Pathologist
Linda Askew - Early Childhood Consultant

Agenda

"Implementing Educational Plans to Meet Children's Goals"

9:30	Introduction
9:45	"Early Thought" (a videotape presentation and disscussion)
10:30	Break
10:45	Observation Tools and Data Collection
11:15	Roleplaying Activity
12:00	Lunch
1:00	"What did You do in School Today?" (a videotape presentation)
1:30	Individual Case Studies (a small group activity)
2:50	Summary of Case Studies
3:00	Follow-up
3:30	Evaluation

Purposes

1. To help teachers understand the nature and principles of early cognition.
2. To provide teachers with observation tools and data collection procedures.
3. To assist teachers in the development of a model to ascertain goals and develop activities to meet those goals for individual children.

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Albuquerque Special Preschool

Direct Training Data Sheet

Date: ____________________

A.S.P. Staff:

____

____

Outreach Staff:

____

____

____

Location:

____

Hours involved:

____

Type of Training

____

____

____

Brief Description of Materials Provided

____

____

____

____

____

Method of evaluation/Comments:

____

____

____

____

____

____

____

ASP-10/81

Record of Communications

Date	Nature of Communication	Notes

Outreach Modified Site Data Sheet
(Awareness Impact)

Program Name:________________________________ Date:________________

Contact Person:__________________________________

Age Range	Number of Nonhandicapped Children	Number of Handicapped Children
0 - 2		
3 - 5		
6 - 9		
Total Number of Children		
	Total of Handicapped and Nonhandicapped Children	

	Number of Special Educators	Number of Early Educators	Number of Others (Specify training exp.)
Professionals			
Paraprofessionals			

ASP/OR 11/83

ALBUQUERQUE SPECIAL PRESCHOOL

Outreach Project Needs Assessment for Preschool/Day Care Providers

This survey was developed for preschool and day care providers who may have an opportunity to work with young handicapped children. The Albuquerque Special Preschool has offered classes for handicapped and non-handicapped children (together) since 1978. Because of this, Albuquerque Special Preschool staff members can provide assistance to individuals or groups interested in serving handicapped and non-handicapped children in the same setting. Please complete this survey if you would like more information.

EMPLOYER ______________________________

POSITION ______________________________

HOW MANY YEARS HAVE YOU WORKED WITH YOUNG CHILDREN? ______________

WHAT EXPERIENCE HAVE YOU HAD WITH YOUNG HANDICAPPED CHILDREN:

____

____

____

Please circle the number which best describes your need in each area:

No need			Most needed
0	1	2	3

1. OVERVIEW OF HANDICAPPING CONDITIONS

   A. Medical causes of handicapping conditions such as Down syndrome, cerebral palsy etc. (If there is a particular condition about which you would like to know more, please write in here ______________________.) 0 1 2 3

   B. Medical problems resulting from specific handicapping conditions. 0 1 2 3

   C. Ways of explaining handicapping conditions to children. 0 1 2 3

   D. Physical and learning limitations of the handicapped child. 0 1 2 3

2. TEACHING TECHNIQUES

   A. Learning how to deal with the questions and concerns that non-handicapped children may have about handicapped children. 0 1 2 3

   B. Providing an environment for children to develop social/play skills. 0 1 2 3

2. TEACHING TECHNIQUES - (Continued)

C. Managing children's behavior consistently and setting clear expectations.	0	1	2	3
D. Setting up ways to help handicapped and non-handicapped children learn together	0	1	2	3
E. Promoting group "togetherness" and positive attitudes among handicapped and non-handicapped children.	0	1	2	3
F. Learning about equipment/materials that encourage interaction between handicapped and non-handicapped children.	0	1	2	3
G. Learning the advantages of combining handicapped and non-handicapped children in the same learning environment.	0	1	2	3

3. LANGUAGE AND MOTOR DEVELOPMENT/BODY MOVEMENTS

A. Classroom activities to stimulate physical growth.	0	1	2	3
B. Activities to stimulate language development.	0	1	2	3
C. Normal speech and language development in children.	0	1	2	3
D. Normal physical development in children.	0	1	2	3
E. Integration of speech and occupational therapy into the regular classroom.	0	1	2	3

4. WORKING WITH PARENTS

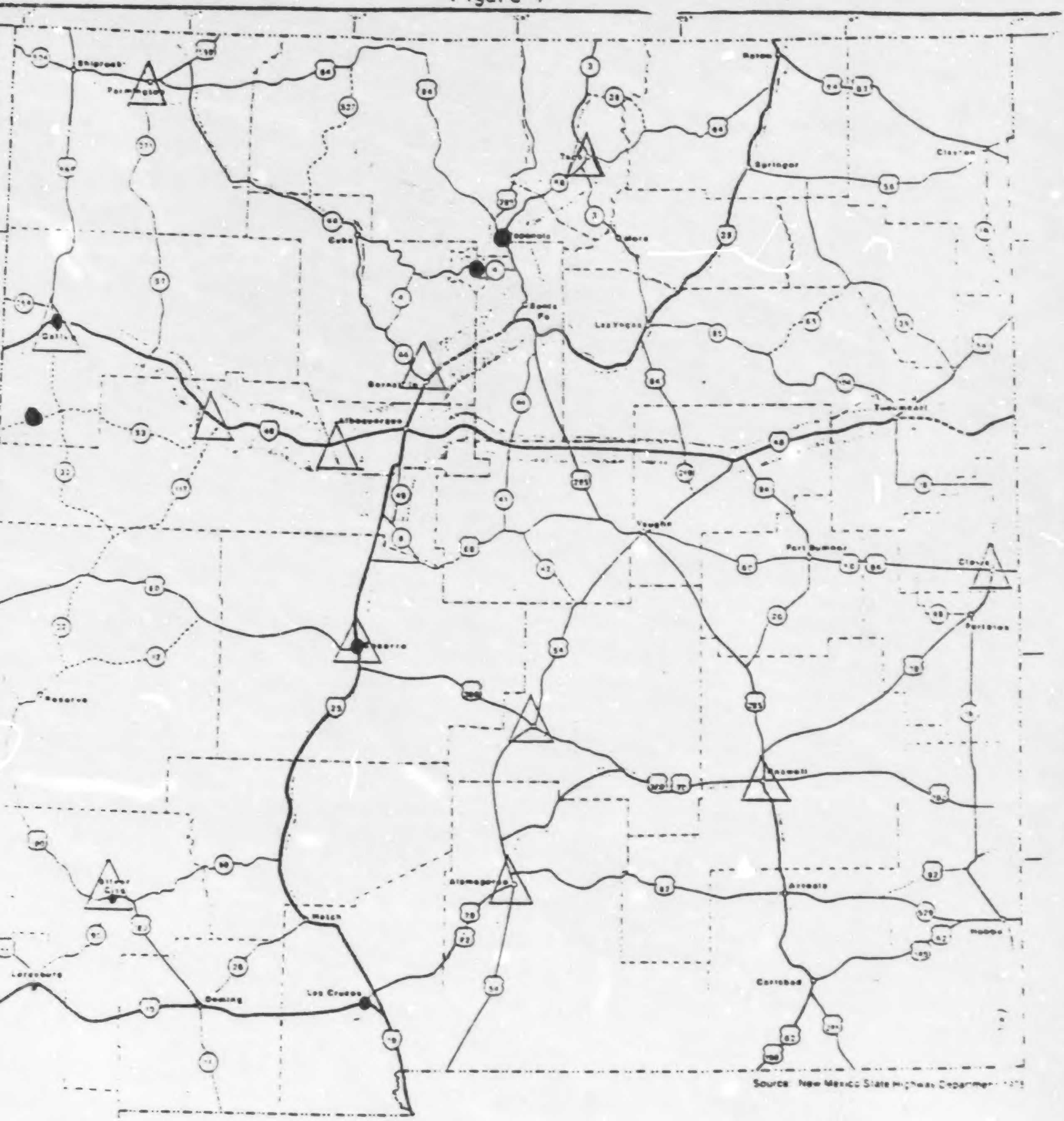
A. Providing emotional support and assistance to parents.	0	1	2	3
B. Conferencing with parents.	0	1	2	3
C. Knowing where (and when) to refer parents who have questions about their child's development.	0	1	2	3

If you would like more information about a topic not listed, please indicate here.______________________________________

How would you prefer to receive this information and/or assistance?
______ Workshop
______ Small group discussion
______ Team-teaching with a teacher from Albuquerque Special Preschool, at your center.
______ Site visit to Albuquerque Special Preschool (and consultation with ASP staff members.)
______ Consultation and A Guide for Integrating Handicapped and Non-handicapped Preschool Children.

Times will be worked out with your director for workshops and small group discussions.

Figure 4


Shiprock
Farmington
Raton
Taos
Clayton
Springer
Espanola
Cuba
Mora
Santa Fe
Las Vegas
Gallup
Bernalillo
Albuquerque
Tucumcari
Vaughn
Fort Sumner
Clovis
Portales
Socorro
Reserve
Roswell
Silver City
Alamogordo
Artesia
Hatch
Hobbs
Lordsburg
Deming
Las Cruces
Carlsbad

Source: New Mexico State Highway Department [illegible]

KEY
REPLICATION SITES

0 - Acoma Pueblo

● - McKinley Area Services to the Handicapped (M.A.S.H.)

● - Las Cumbres Learning Services

0 - San Felipe Pueblo

0 - Southwestern N.M. Services to the Handicapped (S.W.S.H.)

● - Tresco, Inc. & N.M. State University

● - Zuni Pueblo

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AGENDA

Albuquerque Special Preschool
Site Visit
1983

Wednesday, October 5	Ann Stile, Suzanne Fore, Mary O'Brien arrive Albuquerque 9:20 p.m.
Thursday, October 6	
8:30 - 9:00	Introduction
9:00 - 11:30	Development of Goals & Curriculum for an Integrated Classroom
11:30 - 12:45	Lunch
12:45 - 1:30	"An Overview of Handicapping Conditions" - videotape Dr. Stan Handmaker, Programs for Children
1:30 - 2:00	Albuquerque Special Preschool tour
2:00 - 4:00	Development & Maintenance of IEP's in an Integrated Classroom
Friday, October 7	
8:30 - 9:15	Discussion with Staff
9:15 - 11:00	Observe and Participate in Level II Integrated Class
11:00 - 11:45	Discussion Session
11:45 - 1:00	Lunch
1:00 - 2:00	Observe Level I Integrated Class
2:00 - 3:00	"I Worry About Behavior Management - Principles and Problems" Young & Special Learning Module
3:00 - 4:00	Discussion with Staff, Wrap-up
7:30	Depart Albuquerque
8:20	Arrive El Paso

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APPENDIX J

Albuquerque Public Schools Training Manual

Project AIM*

*ALBUQUERQUE INTEGRATION MODEL

Integration Training Series for Staff

by Darro Breshears-Routon
and Mary Render

This document was prepared pursuant to Contract #G008202867 with the U.S. Department of Education, Office of Special Education and Rehabilitative Services. Contractors undertaking such projects under Government sponsorship are encouraged to express their judgement freely in professional and technical matter. Points of view or opinions do not, therefore, necessarily represent official Department of Education position or policy.

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> "I would like to see special education used to expand the definition of normal, rather than to expand the definition of abnormal."
>
> Edwin Martin, Director
> U.S. Bureau of Education
> for the Handicapped.

"A LOOK AT INTEGRATION"

Integration Training Series

PURPOSES:

- Introduce and acquaint participants with similarities and differences regarding personal experience and interest in integration.
- Explanation of training and products available.
- Clarification of values concerning integration of handicapped and nonhandicapped young children.
- Discussion about misconceptions concerning integration and presentation of the current "state of the art."

RATIONALE:

Integration, to be successful, must be a productive effort between all members of the educational team. The team consists of those members of the school staff involved in the project and parents whose children are involved. Utilizing the familiar expression, "we are all in this together", the team must understand each members' past experiences and value where each member is "coming from." The team approach can therefore facilitate successful integration through coordination, cooperation, and communication.

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AGENDA

"A LOOK AT INTEGRATION"

Integration Training Series

TIME: 3 hours

15 minutes - Arrival, coffee

30 minutes - Warmup exercise "Spinning Yarns"

20 minutes - Explanation of products/training available from Albuquerque Special Preschool

40 minutes - Q Sort - a values clarification exercise

40 minutes - Integration: The State of the Art

20 minutes - Discussion

15 minutes - Closing

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Warmup Activity

"SPINNING YARNS"

Materials needed: approximately 1 yard of yarn.

Seat the group in a semicircle.

Show the group a piece of yarn about a yard long. Each person, in turn, beginning with the trainer, tells the group what interests them about, or what experience they have had with integration. A person speaks only as long as it takes to wind the yarn around the index finger. Pass the yarn on to the next person.

Provided by: Protection & Advocacy,
Action Through Advocacy -- A Manual for Training Volunteers

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PRODUCTS AVAILABLE FROM ALBUQUERQUE SPECIAL PRESCHOOL

1. Q-Sort

   An instrument to be used when cross-training early childhood and special educators. The purpose is to examine the philosophies of the two disciplines and to provide a basis for discussion.

2. Criteria Checklist for Integration

   This is an assessment tool to use when trying to decide whether or not a handicapped child would be appropriate for integration.

3. Integration - A Parent's Handbook

   This booklet is prepared in a question/answer format to help parents understand the concept of integration.

4. Making Integration Work - A Teacher's Perspective

   This is a curriculum guide to be used in an integrated class.

5. Educational Videotapes

   Projected date of completion: 10/85

   a) Play - It's Importance for Handicapped and Nonhandicapped Children

   b) Understanding the Child's Learning Environment

   c) The Team Approach

   d) Dealing with Differences

   e) Interaction with Parents

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ECORD OF INFORMATION SENT (ITEMS CHECKED)

___Albuquerque Integration Project Overview

___Benefits of an integrated program for non-handicapped children

___Bibliography for parents, teachers and children interested in integrating handicapped and non-handicapped children

___Bibliography - Setting up the child's enviornment to promote learning

___Brochure with overview of ASP services

___Criteria for Integrating Handicapped children from the waiting list

___Criteria for integrating/mainstreaming handicapped children (Criteria Checklist)

___Guide for completing "Criteria for integ./mainstreaming handicapped children

___Current Research Directions 1983-84

___Data Collection summary sheet

___Direct training data sheet and Outreach site data sheet

___Ensuring Success in Teaching an Integrated Class

___Environmental Considerations

___Group management and transition times in the integrated classroom

___Ideas to stimulate language development

___IEP form for handicapped

___Integrated classroom teacher rating scale

___Interest survey

___"Making Integration Work: A Teachers Perspective" - Teaching manual

___"Normal Speech and Language Development"

___Observation form - group

___Observation form - individual

___"Original Report on Child's Progress"

___Outreach needs assessment

___Overview of Integration Project

___Parent Attitude Survey

___Parent Goalsetting Form

___Parent Handbook

___Parent Handbook - Spanish Edition

___Parent Satisfaction Questionnaire (end of year) ______ APS

___Parent Strengths and Needs Assessment

___Peer Sociogram

___"Physical Development in the Classroom"

___Preschool/Day Care Needs Assessment

___Promoting positive attitudes between non-handicapped and handicapped children and fostering interaction between the two groups

___Questions about integrated preschool programs

___Regular/Special Education "Q Sort"

___Room arrangement ideas

_____Sample feedback form - Parent classes/workshops

_____Schedule for integrated classes, including sample daily schedule

_____Social Data sheet and instructions for recording social data

_____Strategies for handling children's observations of a handicapped child's differences

_____Structure of Educational Terms

_____Suggestions for promoting interaction in the classroom

_____Summary of results of play behavior study

_____Other (be specific)

_____Other (be specific)

_____"What Did You Do At School Today?" (videotape)

_____Integration - A Parent Handbook

Q-SORT EARLY CHILDHOOD EDUCATION/SPECIAL EDUCATION

What is a Q-Sort?

A Q-Sort is a method of measurement. The format requires the participant to place self referrant items on a form board. There are an equal number of items and squares in which to place them; therefore, a forced choice is involved. This format can be adapted to fill many purposes.

Purpose

The purpose of the Early Childhood education/Special education Q-Sort is to provide an opportunity for participants to examine their philosophy and values in education, and to see that there are many similarities as well as differences between early childhood and special education. It can be used as a discussion tool. It can also be used to measure change in people's attitudes over time. One result may be that if people from each discipline work and discuss things together, their philosophies may integrate over time.

Equipment for each participant

1. The Q-Sort Form Board for Early Childhood Education/Special Education.
2. Twenty five "playing cards" with words printed on them that relate to early childhood education, special education, or both. These should be cut out.

How many can participate?

One or more.

Directions

1. Place the form board in front of you. There are twenty five squares in which to place playing cards. Each vertical row is labeled at the bottom. The labels going from left to right are "applies only to early childhood education" through "applies only to special education". There are varying degrees of application in the middle squares. The vertical rows are numbered for a visual aid.

2. Look at each playing card. Many of the items printed on the cards will be more characteristic of early childhood education or special education. Some of the items could go in either category. Place each playing card in a square in the vertical row according to which category you feel it most characterizes. Although some items will be difficult to categorize, only one playing card can be placed on each square. All the squares will be filled at the end of this exercise.

3. If there is only one participant, think about why you chose certain items to categorize in a particular way. Try to clarify your values, attitudes, and philosophy about special education and early childhood education.

If there is a group, discuss the similarities and differences between early childhood education and special education, as well as the values, attitudes and philosophy that went behind choosing certain items for a particular category.

PLAYING CARDS

1 Individual instruction

2 Competition

3 Parent involvement

4 Structured learning activities

5 Physical Education

6 Open classroom approach

7 Small class size

8 Learning centers

9 Developmental approach

10 Self-selection activities

11 Intensive therapy

12 Recess

13 Self-image activities

14 Behavior Modification Techniques

15 Large group instruction

16 Peer modeling

17 High (1:20) Teacher/Child Ratio

18 Music

19 Individualized Education Plan

20 Performing in front of others

21 Parent conferences

22 Report cards

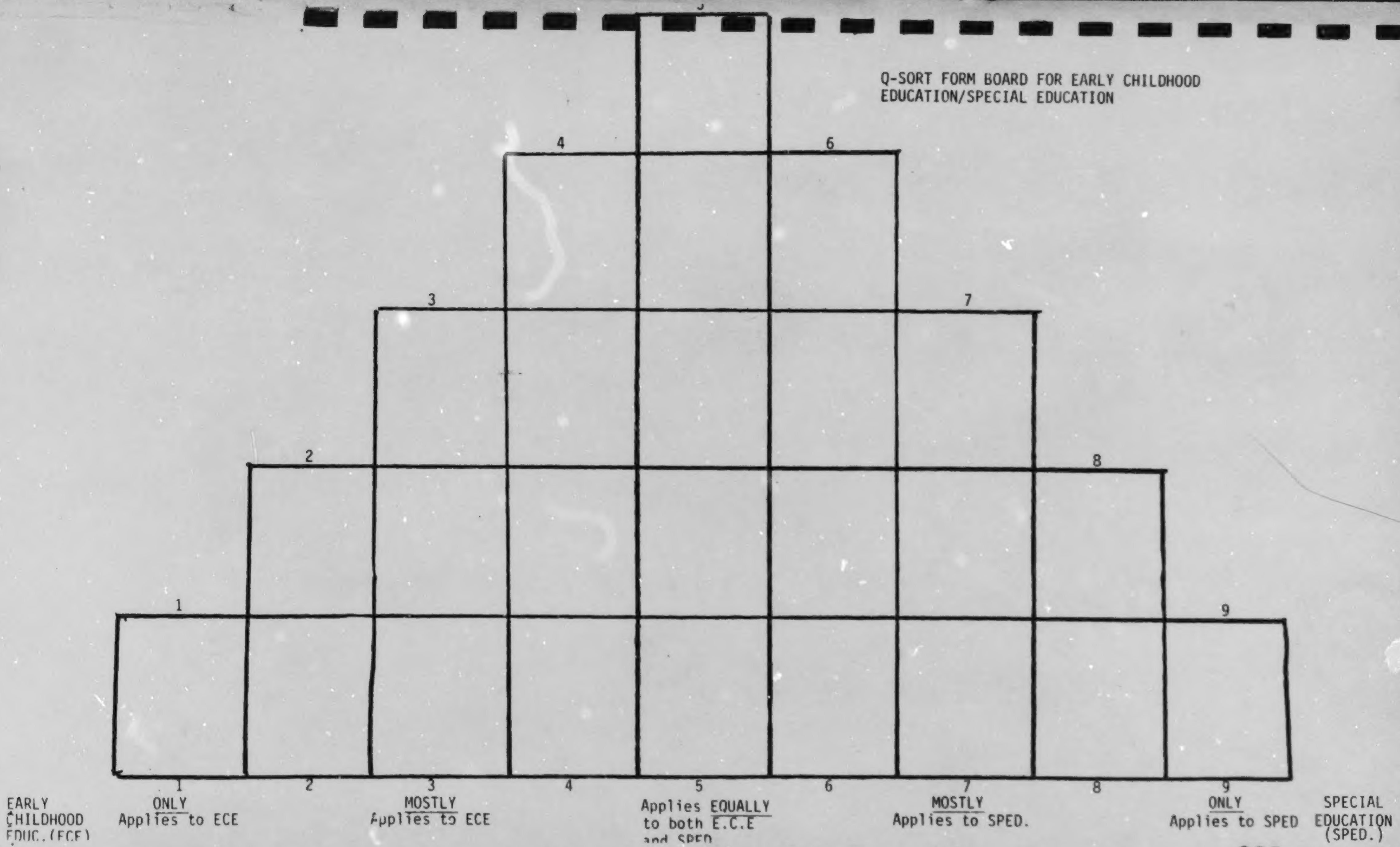
23 Remediation approach

24 Committee System

25 Time-Out Procedure

*Cut up into individual squares.

Q-SORT FORM BOARD FOR EARLY CHILDHOOD EDUCATION/SPECIAL EDUCATION


5
4
6
3
7
2
8
1
9
EARLY CHILDHOOD EDUC. (ECE)
1
ONLY Applies to ECE
2
3
MOSTLY Applies to ECE
4
5
Applies EQUALLY to both E.C.E and SPED
6
7
MOSTLY Applies to SPED.
8
9
ONLY Applies to SPED
SPECIAL EDUCATION (SPED.)

-Integration-
State of the Art

rationale for the integration of young, handicapped and nonhandicapped children will e outlined. In addition, types of integration will be explained, and suggestions or making integration a step by step process will be examined. Most of this information as been compiled by Michael J. Guralnick, Ann Turnbull, and Jane Schulz, forerunners n the area of integration.

I. Social - Ethical Arguments

A. Attitudes Toward the Handicapped Child.

The inclusion of the handicapped child in community based school programs may provide the exposure and experience that will lead to the development of more positive attitudes by the public. Sheare (1974) found that integration of EMH students into regular classes and social/recreational activities will, in and of itself, result in more positive ratings of EMH children by nonhandicapped children.

Apolloni and Cooke (1975) state that peer interaction is both necessary for and has the potential of influencing a child's behavior and attitudes. Peer interaction can have an influence only when children are given the opportunity to observe and have contact with one another. For nonhandicapped children to gain knowledge about and tolerence for varying handicapped conditions, they need the chance for direct interaction.

Studies show conflicting evidence regarding a child's self-image based on placement in a regular or specail education class (Guskin, Bartel, and Mac Millian, 1975). However, Guralnick, 1979, suggests that a child's attitude about himself may be improved by placement with nonhandicapped children, if the placement considered relevant variables such as developmental level rather than chronological age.

Society's attitudes effect parents of handicapped children. Guralnick, 1979, states, ". . . perceiving the attitudes of the "average person" as negative may lead parents to develop negative attitudes toward their own child. The opportunity to place a handicapped child in a more typical environment may do much to provide support for a parent both in personal and broad social terms." Parents of non-handicapped children, in an integration setting, also develop a positive attitude. In fact, these parents often become advocates for handicapped children (Bricker and Bricker, 1971, 1972, 1973, 1976).

B. Segration of the Handicapped Child.

Placing handicapped students into segregated classes often leads to labeling these children. Labels tend to distort the teacher's perception of the student's strengths, cause a student to have a poor self concept, make friendships hard to establish, and interfere with the student's postschool adjustment (Jones 1972)

II. Psychological Arguments

A. Developmental Approach to Early Childhood Education.

All children need a progressively more demanding environment in which to develop. Integrating handicapped and nonhandicapped children creates a more demanding environment for the handicapped child. Also, as a result of integration, teachers and parents may develop more realistic expectations about what the handicapped child can do. This type of environment would be "naturally" more demanding because of the normally developing child. The non-handicapped peers may expect and encourage behavior that would produce changes in the handicapped child's reperkoire. Guralnick (1979) states that this hypotheses needs to be examined more thoroughly.

B. Imitation Learning

Integrating handicapped and non-handicapped children produces a natural vehicle for handicapped children to observe and model appropriate behavior in several ways: 1) children can acquire new responses from observing and modeling others' behavior; however, the opportunity for watching and imitating more complex behavior must be available, 2) active participation enhances imitative learning, 3) children tend to selectively model, that is, children will imitate behavior of individuals who can perform responses more effectively (Strichart 1979). These results should reduce the fear that non-handicapped children will imitate simpler responses or atypical behavior produced by a handicapped child (Guralnick, 1979).

III. Types of Integration

A. Social Integration

Social Integration involves peer relationships, an opportunity to gain status and acceptance and feeling comfortable and secure as a full member of the classroom group with the corresponding rights and responsibilities of membership. At the basis of social integration is a respect for the strengths and weaknesses of all students. Merely placing handicapped students in regular classrooms without attending to their needs for self-development and peer interaction is not truly implementing the concept of mainstreaming (Turnbull, Schulz 1979).

B. Instructional Integration

Instructional integration refers to the handicapped student being involved in the curriculum of the classroom. It does not necessarily mean that the handicapped student works on the same skills and concepts as all other students. He may need some personalized instruction-all students need this. The main criteria of instructional integration is whether the handicapped student is making educational progress commensurate with his abilities (Turnball, Schulz 1979).

IV. Mainstreaming-A Step by Step Process

Mainstreaming must be an ordered, systematic and step-by-step process of moving older handicapped students, formerly segregated in special classes, and younger handicapped students, entering Kindergarten or first grade, into regular programs. If done too rapidly, it can result in chaos, with no one knowing exactly what to do, and to the detriment of all the children involved. It is important to mainstream the "system" before mainstreaming students, i.e. accomplishing tasks prior to the actual placement of handicapped children into regular classes, such as a needs assessment, development of a systematic plan, inservice training, acquisition of resources, co-ordination of services and support personnel, and the development of evaluation procedures (Paul, Turnball, and Cruikshank 1977).

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> True observation imposes neither adult expectations of correctness nor explanations. It allows for intricate patterns to develop without altering them..........

"FOCUS ON OBSERVATION"

Integration Training Series

PURPOSES:

- Review things to look for when observing children
- Discuss uses for observation in a classroom setting
- Observe an individual child and focus on key elements particular to an individual observation
- Observe a group of young children and focus on key elements particular to group observation

RATIONALE:

There are many components in the successful practice of integration. A keen observer knows what to look for in this unique setting. A tool, which facilitates effective observation, extends those good practices to others and facilitates continued learning and reinforcement of good techniques.

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AGENDA

"Focus on Observation"
Integration Training Series

Time: 2½ hrs.

30 minutes	Review and discuss handouts: Definition of Play Levels - Ways to Insure Student Participation
30 minutes	Divide into small groups. Each person observe an individual child in a classroom. Record observations on Observation Form for Individual Child.
30 minutes	Stay in small groups. Observe a classroom of children. Record observations on Observation Form.
15 minutes	BREAK
30 minutes	Each small group discusses and summarizes observations.
20 minutes	Large group question and answer time about observation.

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DEFINITIONS OF PLAY LEVELS

(S) Solitary play:	the child is not engaged in purposeful movement, such as dancing or interaction with an object, for a period greater than 15 seconds (e.g., watching, aimlessly walking around, napping, etc.)
(IS) Isolate play:	the child is engaged in purposeful movement and/or interaction with an object or toy.
(P) Parallel play:	the child is engaged in purposeful movement and/or interaction with an object or toy when another child is not more than 3 feet away.
(IN) Interactive play:	the child is engaged in purposeful movement and/or interaction with an object with which another child is also in contact, is involved in an exchange of objects, or is engaged in verbal communication.
(V) Verbal interaction:	interaction involving verbal exchange.
(N) Negative interaction:	interaction involving harmful aggression toward another child.

NOTE: When two or more children are in the loft, playhouse or at a table activity, they are automatically (but at a distance) engaged in either parallel or interactive play.

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WAYS TO INSURE STUDENT PARTICIPATION

A "*teacher-initiated activity*" is one in which the adult brings attention to an activity, then removes self as the children become involved and start initiating play on their own. This type of supervision can also be used to promote play between handicapped and nonhandicapped and to direct children who are having trouble initiating and choosing an activity. Examples of common teacher-initiated activities include block building, easel painting, and the use of a water play table.

A "*teacher-directed activity*" is one in which the adult initiates and continues to supervise an activity. This type of supervision can be used to direct children, help them learn to initiate and attend to an activity, and to provide reinforcement for their participation. The teacher can guide an activity to a variety of skill levels, thus promoting the integration of handicapped and non-handicapped children. Individualized instruction can be provided in these activities when the needs of a child warrant such attention. Examples of teacher-directed activities include lotto games, writing stories told by children, and cooking. Children can direct themselves and therefore create a new activity during self-selection time.

A "*self-initiated activity*" is one in which a child makes a single choice to work a puzzle, look at a book, build with blocks, on his own with little or no intervention by a child or adult. Therefore, materials which can be used independently should be available.

A "*peer-initiated activity*" is one in which a child becomes involved through observation of a peer engaged in play or through invitation by that peer. A common example would be a child who becomes interested in house play while watching other children play with dress-up clothes. Another example would be one child asking a friend for assistance in block building.

ALBUQUERQUE SPECIAL PRESCHOOL INTEGRATION PROJECT

OBSERVATION FORM FOR INDIVIDUAL CHILD

TEACHER-DIRECTED ACTIVITY

1. Briefly describe the activity in terms of the environmental setup, materials, teacher and child involvement:

2. Under what conditions does the child come to the activity (of his own initiative, under teacher-direction, following other children, etc.)?

3. If the child is directed to the activity by the teacher, how is he/she prompted (verbal prompt, partial physical prompt, full physical prompt, etc.)?

4. What opportunities for receptive and expressive language are presented at this time? (example: what kinds of questions are asked to encourage expressive language, or is there something inherent in the activity to produce language?)

5. What opportunities for body movement (gross and fine) are presented at this time? (example: fingerplays and movement to song.)

6. Once the child is in the group, record statements about the following:

    a) approximate length of attention span:

    b) task completion:

    c) describe interaction with teacher and peers (does observed child make initiation, does another child or teacher initiate the interaction, etc.)?

7. Under what conditions does the child leave the group?

8. Other observations:

SELF SELECTION ACTIVITIES

Most children will be involved in more than one freetime activity during a given time; record observations for these activities separately.

ACTIVITY I

How is the activity initiated?

Record some language the observed child uses in this activity:

How is the child interacting with his/her environment (toys, books, props, etc.)?

In what level(s) of play is the child engaged (solitary, isolate, parallel, interactive)? Describe it, keeping in mind that a child can be involved in more than one level during an activity.

Approximately how long does the child stay with this activity?

Under what conditions does the child leave this activity?

ACTIVITY II

How is the activity initiated?

Record some language the observed child uses in this activity:

How is the child interacting with his/her environment (toys, books, props, etc.)?

In what level(s) of play is the child engaged (solitary, isolate, parallel, interactive)? Describe it, keeping in mind that a child can be involved in more than one level during an activity.

Approximately how long does the child stay with this activity?

Under what conditions does the child leave this activity?

ACTIVITY III

How is the activity initiated?

Record some language the observed child uses in the activity:

How is the child interacting with his/her environment (toys, books, props, etc.)?

In what level(s) of play is the child engaged (solitary, isolate, parallel, interactive)? Describe it, keeping in mind that a child can be involved in more than one level during an activity.

Approximately how long does the child stay with this activity?

Under what conditions does the child leave this activity?

AFTERTHOUGHTS ABOUT SELF SELECTION

1. Did the teacher do any directing or initiating during the freetime activities? Describe:

2. What opportunities for expressive language were presented during this time?

3. What opportunities for body movement (gross and fine) were presented during this time?

4. How does the child transition from one activity to another?

5. What patterns of behavior do you see in this child?

ALBUQUERQUE SPECIAL PRESCHOOL INTEGRATION PROJECT

OBSERVATION FORM

Your Name: ______________________________ Classroom Teacher(s) ____________________

Date: ______________ Time: ________ to ________ ____________________

Note the daily schedule posted within the classroom:

Time Activity

________ to ________ ____________________________

________ to ________ ____________________________

________ to ________ ____________________________

________ to ________ ____________________________

________ to ________ ____________________________

________ to ________ ____________________________

FREEPLAY: Briefly describe two activities you are observing in terms of materials, environmental set-up, teacher and child involvement.

Activity 1:

Specific goals to be reached in this activity are?

Activity 2:

Specific goals to be reached in this activity are?

FREEPLAY:

Pick one of the freeplay activities you observed in considering the following questions.

1) What techniques are used to introduce the activity?

2) What techniques are used to reach specific goals?

3) What techniques are used to encourage appropriate use of materials?

4) What techniques are used to promote physical social interaction?

5) What techniques are used to promote verbal interaction?

6) Which techniques observed could you use in your classroom?

SNACKTIME: What developmental areas, other than self-help, are emphasized during snack time?

LARGE GROUP: What objectives are being accomplished during this activity?

What techniques are used to introduce each activity?

What techniques are used to hold children's attention?

What techniques are used to encourage group participation?

What techniques are used to develop and expand communication skills i.e., comments, responses, waiting time?

OUTSIDE/O.T.:

What techniques are used to promote a smooth transition?

What techniques are used to develop and expand playskills?

Discussion of observation with outreach teacher/coordinator:

Topics of discussion: 1) Observation form

2) Specific information on teaching techniques

3) Generalization of observed techniques to own site

Discribe two new activities or procedures which you might be able to implement with your own class utilizing the information you've obtained from this site observation.

Activity 1:

Activity 2:

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> "We need pupils who are active, who learn early to find out for themselves, partly through their own spontaneous activity and partly through materials we set up for them"
>
> Jean Piaget

"Developing a Classroom Framework for Learning"

Integration Training Series

Purposes:

- * To examine the importance of play during a child's development.
- * To define self selection.
- * To broaden participant's awareness about how the classroom environment affects self selection activities.
- * To generate discussion about ways adults can interact with children, during self selection, so that learning is enhanced.

RATIONALE

There are laws of sequence and maturation which are basic to child development. Through knowledge of these laws we can accomodate a child's natural growth. However, each child is unique and develops at an individual rate and style. With this in mind, educators can arrange a classroom environment, set up activities, and interact with children in such a way that individual learning is enhanced. Self selection is a time that all these components can be put to use, often times, through play. It is a time that both handicapped and nonhandicapped children can explore their world and exercise their unique skills at an individual pace.

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AGENDA

"Developing a Classroom Framework for Learning"
Integration Training Series

Time: 3-4 hrs.

30 minutes	Arrival - Coffee Warm-up exercise: "Autograph Hounds"
45 minutes	Presentation - Self Selection-A Framework for Learning. "Introduction"
10 minutes	BREAK
40 minutes	Presentation -"Self Selection-Adult Involvement during Self Selection." "The Environment-It's Importance during Self Selection." "Thoughts on Curriculum."
40 minutes	Hands-on activity - Planning the Classroom Environment

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AUTOGRAPH HOUNDS

Try to get the autograph of everyone in the group, and that person's favorite activity to do with children.

RATIONALE: To allow participants a chance to start thinking about how they interact with children and activities that children like to do.

NAME	ACTIVITY
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

# in group

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Self-Selection - A Framework For Learning

INTRODUCTION

There are laws of sequence and maturation which account for general similarities and basic trends in child development; however, no two children grow up in exactly the same way. Each child has a tempo and style of growth which are characteristic of one's individuality. This individuality can be seen through a child's play. Children learn through play. It is an essential component of a child's life. It is affected by his/her uniqueness, development, and environmental interaction.

Play begins from the moment an infant enjoys sensation. One of the earliest spontaneous play experiences is evident when, with his hunger satisfied, the baby rolls the bottle's nipple around on his tongue. This provides a richer awareness of the nipple and his own mouth. As children grow they interact with the world, explore it, and learn from those interactions. During a child's early years, work and play are one and the same. However, at some point they are taught a distinction. This distinction between work and play is not always dramatic, but essentially children become aware that one learns from certain activities (work) and not from others (play). An example is playing with blocks. Many people feel that first graders no longer need to play with blocks; it is not a learning activity. Yet, many concepts inherent in block building are also concepts that can be used in math.

It is a popular belief in early childhood circles that play should not be considered an isolated activity and only done when a child has some free time. Play should be an integral part of the child's day

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and a way in which new concepts can be introduced and practiced. When play is used as a teaching tool, the adult needs to be keenly aware of the goals he/she has for the child. Appropriate space, materials, situations, and interaction need to be provided so that these specific goals can be reached through play. Many teachers find Self Selection a good time to do this.

SELF SELECTION

Self Selection is the time alloted children, during the school day, that enables them to choose an activity from a variety of things to do. Self Selection should not be confused with freeplay because it requires:

- a great deal of planning on the part of the adult
- careful attention to environment and choice of materials
- adult involvement

Play is an important part of Self Selection. Young children learn best through play because it is a vehicle for all areas of growth and development. Play is the child's basis for learning language and enhancing concept formation. Through spontaneous play, the child learns to understand the world and have some control over it. Self Selection provides a great opportunity for spontaneous play. The teacher must develop a careful balance between the spontaneity with which children create their own activity and the need for planning and supervision. Within the block of time called Self Selection the children need to have the opportunity to grow in the six developmental areas:

- fine motor
- gross motor

-language

-cognitive

-social

-self-help

The following can occur through the teacher's careful preparation of Self Selection activities:

-instruction for the children's IEP goals

-provision for interaction between handicapped and nonhandicapped children

-modeling of nonhandicapped children by handicapped children

-extension of previous experiences and introduction of new concepts

-opportunity for children to learn skills that allow them to initiate and choose activities

-opportunity for the teacher to probe and assess the skill level of each child

ADULT INVOLVEMENT DURING SELF SELETION

The adult needs to move about the classroom, observe and interact with the children. This mobility and interaction is not only essential for some types of learning to take place, but also for the spirit of the classroom. It is a cooperative spirit reinforced by mutual respect and consideration between adults and children.

The role of the adult in Self Selection:

- to see that planned activities are carried out
- to allow for unplanned events to take place and to spontaneously direct an activity or discussion based upon the event
- to provide opportunities for interaction between H and NH children
- to provide opportunities for NH children to see H in a positive way
- to provide language stimulation or new vocabulary

- to introduce new ways of doing something that may enhance motor movement or language

- to make sure each child is involved

Ways Adults Can Initiate an Activity

1) Adult Initiated Activity- This is an activity which the adult starts and then removes him/herself. The children become involved and eventually start playing on their own. This way of initiating an activity can be used:

-to promote play between H and NH children

-to direct children who are having trouble starting or choosing an activity

Adult initiated play does not impose adult standards on the child once he starts playing.

2) Adult Directed Activity - The adult initiates and continues to supervise the activity. This type of direction can be used to :

-help children learn to initiate and attend to an activity

-provide reinforcement for their participation

-gear an activity to a variety of skill levels

-provide individualized instruction when the needs of a child warrent such attention

The value of adult directed play lies in the ability of the adult to provide the child with the opportunities, equipment, experiences, and encouragement appropriate to his abilities and interests.

THE ENVIRONMENT - ITS IMPORTANCE DURING SELF SELECTION

Space and Arangement

The appropriate type of space and arrangement of the classroom environment effects the likelihood of:

- correct use of materials
- maximum number of children able to participate in an activity
- interaction between children

A primary consideration when setting up the classroom environment should be the capability of extending one play experience into another. Some materials and play areas sustain play when they are combined. Play becomes more complex and extended from the original concept. Example: Place the block area near the playhouse. Perhaps the blocks could be used to add on another room or be used as props such as an iron, or food. Dress up clothes placed near the playhouse would also extend the possibilities of play.

1. Ample space should be provided for separate, quiet, noisy, active,or passive activities. Children need to be able to participate in one type of activity without interference from others doing something different. Therefore, highly different spaces should not be placed next to each other, such as the block area near the quiet reading area.
2. Provide a clear pathway/s. Children shouldn't have to go through one activity to get to another.
3. Consider the surface. Put a rug or a mat in the block area to keep it quieter.
4. Allow enough space for two or more children in each activity area to promote interactive play.

Materials

More complex levels of play can be promoted through arrangement of materials. Examples:

Two easels can be placed side by side to promote parallel play. One paint pot can be placed between the two easels to encourage cooperative play.

The same idea can be done with pegboards. Give two children each a pegboard. Place one container of pegs between them so that thay have to share and interact with each other.

THOUGHTS ON CURRICULUM

David Weikart has conducted an in depth, longitudinal study that examines high quality programs and factors that influence young children's growth. The research indicates that some type of curriculum is a critical dimension for success with young children; however, the particular curriculum is irrelevant. The open classroom approach, structured learning or a cognitively based curriculum fared no better than any of the others. Nicholas Anastasiouw, a leader in the area of integration and early education, states that consistency is the other important factor in an early childhood curriculum. Planning is the key to consistency, and some framework of sequential information on child development is necessary to accurately do this. These two factors, a stated curriculum and consistency in carrying out the curriculum, are important to remember when planning self-selection activities.

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Hands-on Activity

Planning the Classroom Environment

Materials: layout of classroom
cutouts of classroom furniture and materials

Directions:

1. Divide the cutouts of classroom furniture and materials to maximize student learning. Consider clear pathways and noise level. Also, try to arrange the areas so that one activity can be extended to another.

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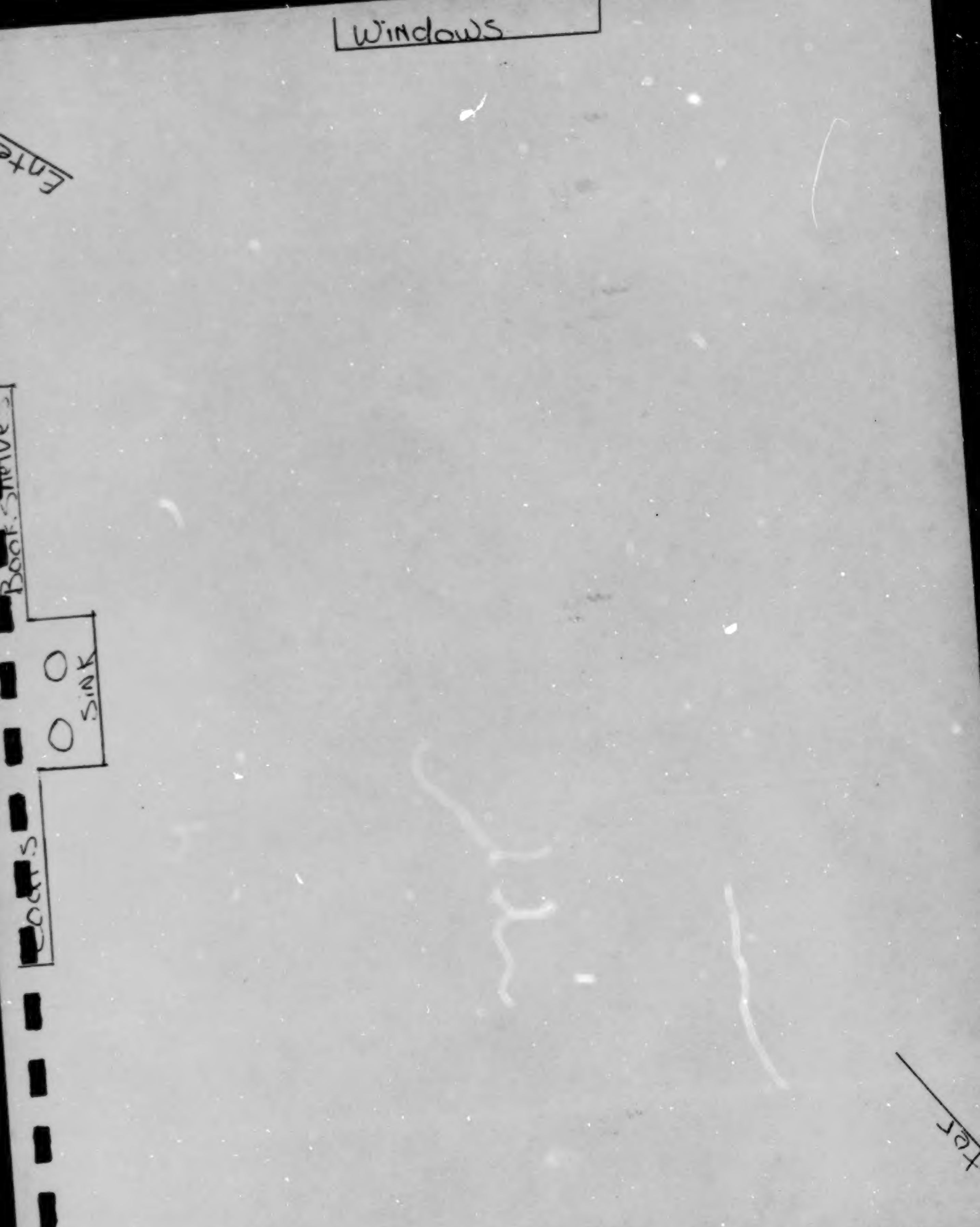
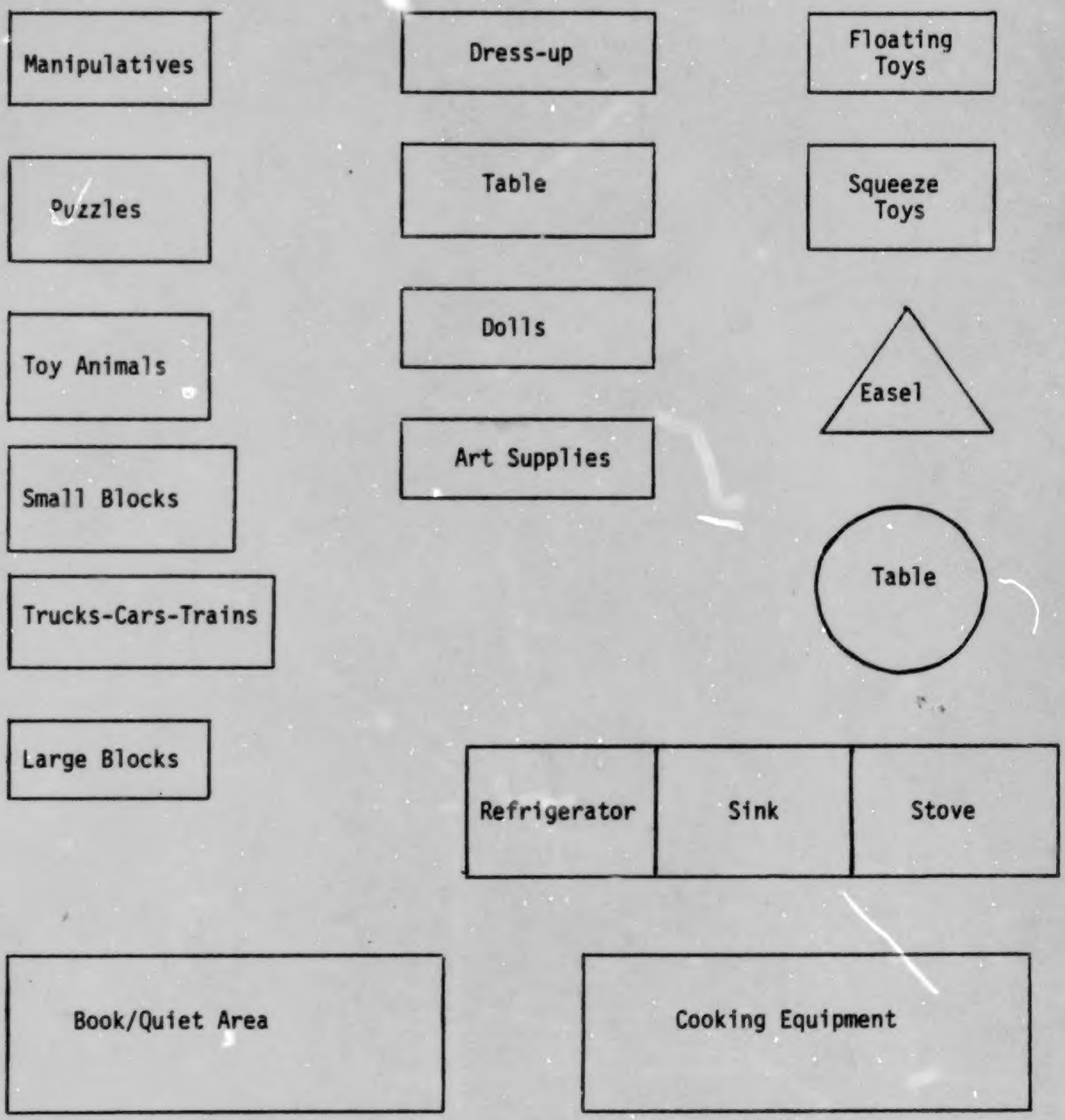

Windows
Ente
Book Shelves
Sink
Coats
ter

TRACE AND LABEL THESE SHAPES ON A PIECE OF PAPER THAT CAN BE COPIED


Manipulatives
Dress-up
Floating Toys
Puzzles
Table
Squeeze Toys
Toy Animals
Dolls
Easel
Small Blocks
Art Supplies
Trucks-Cars-Trains
Table
Large Blocks
Refrigerator
Sink
Stove
Book/Quiet Area
Cooking Equipment

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Handouts for Future Reference:

Materials and Environment

Integrated Environments Checklist

Other Reference Material:

Videotapes:

1. "What did you do at School Today?"
   The value of Play for Handicapped and Nonhandicapped Children.
2. "Take a Walk on Your Knees"
   Understanding the Child's Learning Environment.

Videotapes can be ordered from Albuquerque Special Preschool by writing or calling:

Albuquerque Special Preschool
3501 Campus Boulevard N.E.
Albuquerque, New Mexico 87106

Phone: (505) 266-8811

Materials and Environment

The utilization of space and arrangement of furniture, equipment and materials are an integral part of planning. Space and arrangement affect the likelihood of the use of materials, the number of children who might use the space and materials, and the children's interaction with each other.

A primary consideration in developing the classroom layout is the capability to extend one play experience into another. Some materials and play areas enhance others, and when combined, sustain play. Play then becomes more complex and extended from its original concept. For example, playing with the dress-up clothes can extend to the playhouse area, then to building a house in the block building area.

More advanced (complex) levels of play can be promoted through the arrangement of materials also. Parallel or cooperative play between two or more children can particularly be encouraged. The placement of two similar items side-by-side, such as painting easels, will promote parallel play. When two sets of paint pots are reduced to one set at these two easels, then the sharing of the paint develops a cooperative play situation. Two pegboards with one container of pegs promotes cooperative play, as another example. Numerous pairing of partial or full sets of materials can promote the likelihood of parallel and interactive play.

Consideration of the physical environment is especially important for self-selection activities. Ample physical space must be available for both quiet and noisy, highly active and passive activities to occur simultaneously without interference. The type of surface on which an activity is placed is important to harmony. Materials which can create a good deal of noise when manipulated, such as large building blocks, should be placed on a surface such as a rug or a mat.

Within each activity area which has been set up for self-selection, there should be ample physical space for two or more children in order to promote interactive play. The types of materials which are available to children are also important, as some materials lend themselves to a greater likelihood of interactive play, such as dress-up clothes. A list of these items are shown in the Integrated Environments Checklist (Supplement #6) and in the Equipment and Materials List (Supplement #5).

When fighting or other conflicts among children appear, it may be indicative of a poor arrangement of activity areas. This conflict will usually occur if highly different activities are within close proximity to each other. For example, the placement of a quiet reading area next to the workbench creates the potential for conflict.

Another potential source of conflict among children is when transition from one area to another cannot be easily achieved by children. Clear pathways should exist to all areas, without having to cross through areas to get to others. However, pathways which are too large, or runways, can promote behaviors which are inappropriate for indoors such as running, or discourage extended play between areas.

The distance between areas and the determination of which activities should be next to each other are primary factors in arranging a smooth-running classroom environment. Each setting will differ because of its own parameters, such as exits and windows, and other variables involved.

There are a variety of environmental structures which have a great potential for promoting interaction between children. These are:

1. LOFT & HOUSE: Designed separately or in combination with each other, such a space can be used to define a quiet area, housekeeping areas, dress-up clothes area, puppet stage, or numerous other activities.
2. BLOCK-BUILDING AREA: Placed near a quiet surface such as smooth indoor/outdoor carpet or a mat, this area can be particularly important in promoting sustained play from day to day. Often, several children can become involved in extending the blockbuilding structure from one concept to another.
3. ARTS & CRAFTS AREA: With a shelf or counter which displays a variety of arts and crafts material, this area should be basic in any classroom. Along with basic materials which should always be available, such as crayons and paper, a variety of novel, stimulating materials can be rotated in and out of this area regularly, thus promoting the interest of several children at a time.
4. FINE-MOTOR MANIPULATIVES AREA: This area should contain a number of standard items which are always available, such as puzzles or small-block building material, and should rotate novel items to stimulate interest on a regular basis. A shelf or storage area for display of the variety as well as the surface, such as a table, for using the materials is needed.
5. QUIET AREA: An area large enough for at least two children could be designed as a large box with pillows, a couch, or even the space under the loft. Appropriate use of this area can be stimulated by placement of a selection of books nearby.
6. LARGE GROUP AREA: With space for getting the entire group of children together at once, this area may simply be a rug or floor space for making a large circle. Carpet squares for each child may be helpful in defining this space for the children, in order to carry out large group activities such as music, language development games and activities, and movement activities.

Planning the arrangement of materials can promote their independent and interactive use by the children. Some suggestions for arrangement of material are:

1. Display material at child-height
2. Store materials intended for use (such as arts and crafts items and fine-motor manipulatives) in tubs or transparent containers. Tubs may display a picture or label on the front of the appropriate item to be stored in the container.

3. Arrange the materials or containers so that children can see the order in which things should be returned. For example, pictures matching the item to a particular place on the shelf may be helpful.
4. Make available materials of various ability levels at one time, particularly in the fine-motor manipulative area and arts and crafts area.
5. Make available two or more of the same kind of material when possible in full or partial sets.
6. Remove materials and equipment from reach of children for which they do not have the skills to use, such as the record player or popcorn popper.
7. Rotate items in the activity areas, so that everything is not out at once, and so that interesting items can be maintained.

Supplement #6

INTEGRATED ENVIRONMENTS CHECKLIST

The items on this checklist are suggestions for providing an environment which is beneficial to promotion of interaction and cooperation between children -- and, in particular, between handicapped and nonhandicapped in an integrated setting. Any item to which you respond negatively when viewing your own classroom is one which you should consider for possible modification of the environment.

Yes No

Space and Arrangement

1. The room is arranged to define separate activities which can be identified by a sample of children. ____ ____
2. An area is defined for large block-building activity which has blocks of at least 6-12" and space for building which is at least 1 sq. ft. per block. ____ ____
3. Floor space for large block-building is covered with indoor/outdoor carpet, mats, or other material to reduce noise. ____ ____
4. An area is defined for large-group activities. ____ ____
5. An area is defined for arts and crafts activities, with basic items accessible to children (see materials section) by the physical location of items. ____ ____
6. An area is defined for quiet activity or rest which contains some items for comfort (such as pillows, couch, or mats) and which is accessible to children at all times. ____ ____
7. An area is defined for housekeeping activities which includes the items shown in the materials section. ____ ____
8. An area is defined for fine-motor manipulatives activity which contains materials accessible to children, including the items in the materials section, at all times. ____ ____
9. The playground is directly accessible from the classroom. ____ ____
10. The bathroom is directly accessible from the classroom. ____ ____
11. The bathroom contains 1 or more sinks where children can independently reach the faucets. ____ ____
12. Storage areas (cubbies or other containers) are identified for each child to keep personal belongings, artworks, etc. ____ ____
13. Tables which will seat 4 or more children at once are present in sufficient quantity to allow seating all children at once. ____ ____

Supplement #6
(continued)

		Yes	No
14.	Entry and exit doorknobs are located within reach of children.	____	____
15.	Materials in each activity area are displayed at child-height.	____	____
16.	Materials which are available for use by children can be stored in a location specifically identifiable to children.	____	____
17.	Surface area (such as bare wall or corkboard) is available for displaying children's artwork, stories, etc.	____	____
18.	Washtubs, sink, or other water container is accessible to children for clean-up of messy activities nearby.	____	____
19.	Children can obtain access to the housekeeping area directly from the block-building area (without crossing another area).	____	____
20.	Children can obtain access to books directly from the Quiet Area without crossing another area.	____	____
21.	Noisy activities such as a workbench are not located next to the Quiet Area.	____	____
22.	Visual access can be obtained to all areas of the room by standing in any one area.	____	____
23.	A divider or other portable structure to screen off an area is available.	____	____
24.	Pathways provide access to each activity area without crossing other areas.	____	____
25.	All space in the room is being utilized.	____	____

____ Number Yes answers

____ Percent Yes (divide Yes answers by 25)

Materials

A. The following materials are available at all times:

	Yes	No
1. Dolls		
2. Doll clothes		
3. Books (for children)		
4. Records		
5. Record player		
6. Large blocks		
7. Small blocks		
8. Puzzles		
9. Assorted manipulatives (such as Legós)		
10. Large paper		
11. Writing utensils		
12. Scissors		
13. Paint/brushes		
14. Tape and glue		
15. Miniaturized cars, people, or animals		
16. Dress-up clothes for male, female, and some job roles		
17. Mirror		
18. Empty, unbreakable containers		
19. Housekeeping utensils such as pots, cups, eating utensils		

B. The following materials (equipment) are available at some time during the year:

20. Real plants		
21. Real animals		
22. Water table, tub, or pool		
23. Sand table, tub, or box		

C. Materials are arranged as follows:

24. Materials are stored in containers which clearly define their contents.		
25. Storage containers are available for small items which are multiple in quantity, such as crayons, blocks.		
26. Storage containers are nonbreakable.		
27. Materials in the fine-motor manipulative area are suitable to a variety of ability levels in children.		

Supplement #6
(continued)

	Yes	No
28. Materials in the fine-motor manipulatives area and in the arts/crafts area contain several items which are duplicated in full or partial sets.	____	____
29. Materials or equipment for which children do not have the skills to use are out of reach (such as the record player or electric skillet).	____	____
30. Materials are being rotated on regular basis between storage and display for use by children.	____	____

____ Number Yes answers

____ Percent Yes (divide by 30)

Comments/Recommendations:

Signed: ______________________________

Developed by Marilyn Price for Albuquerque Special Preschool, Albuquerque, New Mexico 87106

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Helping Young Children Learn -
A Team Approach Integration Training Series
Time: 3 hours

15 minutes	Arrival and Coffee
20 minutes	Description and rationale for the Team Approach
45 minutes	How to set up a team meeting
15 minute	BREAK
1-1½ hours	Hands-on Activity
	Case study analyzed by team
	Activities planned by entire team to meet developmental needs of child in case study

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The Team Approach

Description

Most Special education programs include support services provided by occupational, physical and speech therapists. Ideally, within the context of a team approach, these support personnel and the special education teachers would meet regularly to discuss the students and decide upon appropriate activities to meet their developmental needs.

Rationale

When planning goals and activities for handicapped children, all areas of his/her development need to be considered. Teachers see aspects of the children that therapists do not, and vice versa. By communicating with each other about each student, school personnel can better understand the needs of the whole child and plan a curriculum accordingly.

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Setting Up A Team Meeting

Things to consider when setting up a team meeting

1) Who will be involved? (see handouts)
   a. Structure of Educational Teams
      "Team Members"

2) How will each person contribute to the meeting? (see handouts)
   a. Structure of Educational Teams
      "Role of Facilitator"
      "Recorder"
   b. Being a Facilitator of Staff Communication
   c. Facilitator Self Evaluation Form

3) Are there any forms available to help organize and record the team meetings? (see handouts)
   a. Structure of Educational Teams
      "Recording Form"
   b. Pupil ETC Form

4) Where and When should the meeting take place? (see handouts)
   a. Structure of Educational Teams
      "Site"
      "Schedule"

5) How will the team know what to discuss? (see handouts)
   a. Structure of Educational Teams
      "Meeting Focus"

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STRUCTURE OF EDUCATIONAL TEAMS

	General Statements	Examples
SITE	-Mutually agreed upon. -Easily accessible to all members.	School, family home, therapist's office.
TEAM MEMBERS	-Team Case Manager is always identified. -Core members-these people are involved in every team meeting. -Extended members-these people don't participate in every team meeting.	-Teacher, parent, nurse. -a) Parent, teacher -b) Teacher, aide -c) Teacher, ST, OT, PT, aide -The ST can't meet regularly; therefore the case manager calls and reports to team.
SCHEDULE	-Mutually agreed upon. -Specified day/time. -On-going. -Specified length of meeting. -Administrative backing	-Every 2nd Monday at lunch for 30 minutes. -Comp.time, stipend, acknowledgement
MEETING FOCUS	-Evaluate/update all children's progress. Refer to Pupil ETC Form. -Identify problems to solve. -Share information with all members. -Plan for next meeting.	-John is saying "more" when appropriate. -John is wetting pants during each therapy session. -Johns' mother just had a baby. -The kids we will discuss next time are...
ROLE OF FACILITATOR	-Clarify , summarize information from all team members in a non-judgemental way. -Facilitate problem solving. -Insure that meetings start/stop on time. -Can be permanent or rotating position. -Insure that members are on-task and agenda is followed.	- Case Manager or appropriate administrator, etc.
RECORDER	-Write down information discussed at team meeting on recording form. -Can be a rotating or permanent position.	- Any team member
RECORDING FORM	-Used for documenting: a. Major points covered. b. Responsibilities identified. c. Time frame outlined. -Documentation should be accessible for team members reference.	-John is wetting pants during therapy session. -ST will make sure John uses bathroom before going to therapy -This will start immediately. -Recording form is in folder titled "team meeting" in the top file cabinet drawer.

FUNCTION OF THE TEAM: To promote maximum growth of the child in all environments. Due to the number of team members, these may be limited to the classroom, and possibly the child's home; although, a variety of therapeutic environments might also be included. At the simplest level, the team's most important product is a set of realistic educational recommendations (e.g., How can we achieve the goals that have been set for this child? Is he or she progressing, or do we need to modify our intervention, etc.?)

The better the educational recommendations of the specialists involved, the more useful the team is!

Being a Facilitator of Staff Communication

Working Paper No. 1
Fall, 1979

Louise Carnachan, M.S.W.

Definition of Facilitator

Misunderstandings often arise due to the imperfect nature of verbal communication. Most words have more than one definition, therefore what is interpreted by the listener may not have been what the speaker intended. Ergo the oft quoted statement "I know you think you understood what I said but what you heard was not what I meant." In the broadest sense of the definition, a facilitator attends to the process of communication by way of summarizing and clarifying discussion. The facilitator also attends to the group process, monitoring the group to ensure all members are allowed to express their views, develop skills and share responsibility for the success of the group.

How to Facilitate Meetings

The facilitator of a meeting has three responsibilities: to attend to the communication process, to the group process and to the meeting process.

Communication Process

Skills needed:

1. Ability to use paraphrasing. Paraphrasing is a communication technique which rewords the content of a statement. Let the person know he was heard

   Example:

   Staff member: "There are five slots that we can fill for the district inservice. Nine people indicated their interest to attend the workshop last meeting. We will have to select five people to attend."

   Facilitator: "Only five of the nine people will be able to attend the inservice. We need to make a decision as to how the five will be selected."

2. Ability to use reflection. Reflection is a communication technique that attends to the "feeling" or emotional content of a statement.

   Example:

   Staff member: "I really wanted to attend that inservice and already made plans to do so. Not being selected has really upset my plans."

   Facilitator: "You're disappointed that you will not have the opportunity to attend."

3. Ability to clarify. Tylk's law states "Assumption is the mother of all foul-ups."* If a point seems vague or confusing, the facilitator can ask for clarification or further explanation.

   Example:

   Staff member: "We can make sure the applications are collected and sent in for the workshop."

   Facilitator: "I'm unclear on who will take responsibility for collecting the applications and mailing them in."

---

*Dickson, Paul. The Official Rules. Delacorte Press, New York, 1978, p. 178.

4. Ability to summarize. A summary is generally given after some discussion which may involve several people. While paraphrasing and reflection are generally short statements made after one person's comment, summaries may include both paraphrasing and reflection to be a longer statement.

Example:

Facilitator: "We will not be able to send all interested people to the inservice. The selection procedure has left some people disappointed."

Group Process

Skills needed:

1. Ability to perceive body language. Many people indicate their desire to be heard by body movements. Watch for leaning forward toward the person who is speaking, facial expressions, turning away, crossing arms. Others indicate their withdrawal from the group by doing other work, looking away, moving the chair back or turning away.

2. Ability to perceive tone of voice. A person's tone of voice can indicate how well understood s/he feels. Louder and higher pitched tone of voice may indicate irritation, frustration, disagreement. Reflection is a technique that will assist the identification of feeling.

3. Ability to allow all members a chance to express themselves. Not all people are comfortable giving opinions unless they are asked to do so. Attending to the members' nonverbal communication may allow the facilitator to call on those members who might remain silent otherwise. The facilitator can solicit other group members' comments by summarizing what has been said and asking for more comments. This is particularly useful when one member is monopolizing the discussion.

4. Ability to be non-judgmental. In the purest sense, the facilitator does not add her/his opinion to the discussion. If the facilitator wishes to state an opinion, s/he should verbally step down from the facilitator's role and state "I would like to state my opinion as a group member." As a facilitator, one must attend not only to opinion statements but tone of voice or body language that implies a judgment of the discussion.

Caution: If the goal of the meeting is open discussion, it is important for the facilitator to limit the number of opinion statements s/he makes. The facilitator can become the person "in charge" which may hamper the group's freedom to take the risk of offering differing opinions.

Meeting Process

Skills needed:

1. Ability to bring the group back on task. Long off-task conversations can lead to frustration among members who are not involved. The facilitator may summarize the last on-task content discussed to bring the group back.

2. Ability to interrupt an off-task or rambling member. There are several ways to interrupt an existing conversation, the easiest of which is to wait for a natural pause and then break in. When natural pauses are few, there are other techniques:

   a. move your body toward the person
   b. touch the person on the arm
   c. use the person's name
   d. speak in a louder voice
   e. obtain eye contact

   If these techniques do not apply or do not work, the final method of interrupting is with an assertive statement.

   Example: "I would like to hear more about that at another time, right now we need to get back to selecting participants to attend the inservice."

3. Ability to end the meeting on time. Although a good discussion may be continuing at the appointed end of the meeting, the facilitator should note that the time has ended. The decision to continue a meeting past the appointed time is a group decision, not to be dictated by the facilitator. A summary of what was discussed and what agenda items, if any, were not covered should be noted.

Facilitator: "Can you re-state that to reflect how this affects you?"

Staff Member #1: "I feel like my time is less valuable than yours when you miss a meeting."

Caution: The facilitator must watch for "I feel" statements that contain a blaming statement.

Example: "I feel you do this on purpose."

4. Ability to facilitate speaking to each other, not to the facilitator. When people are angry it is sometimes easier to talk to a third person, ignoring the other party's presence. The facilitator can assist the direct communication between the two by hearing the statement made to her/him then saying "can you say that to (other staff member)"

   Example: "Matilda never acknowledges my suggestions! It's like talking into a vacuum."

   Facilitator: "Can you restate that in terms of how you feel?"

   Staff Member #1: "I feel like my professional competency is in question."

   Facilitator: "Will you tell Matilda how you feel?"

   Staff Member #1: "Matilda, when my suggestions aren't followed I feel like my competence is in question."

Doing the problem solving. After both parties have had the opportunity to explain their views of the problem, the next step is planning problem-solving. The facilitator's role is not one of dictating the solution, but, rather, to let the parties involved develop a strategy with which they can both work. Participating in the problem-solving allows "ownership" which enhances the likelihood of the agreed upon strategy being followed. At this point, the two parties may agree to work out a strategy without the facilitator's presence. If that is the case, the facilitator may wish to request a follow-up meeting to allow the parties to evaluate the success of the strategy. If the facilitator's presence is requested during the problem-solving, there are several skills needed.

1. Ability to let the parties involved propose strategies. An open-ended question such as "what needs to be done?", "what would help the situation?", "how would you like to see the communication work?" allows the parties to propose strategies.

2. Ability to keep strategies realistic. Some strategies may require more time, energy or personal change than can realistically be expected. If the facilitator is concerned that the strategy might fail, s/he can say "what would get in the way of this working" or "can you anticipate any problems in carrying this plan out?" Make sure that the strategy is stated in positive behavioral terms, i.e., what people will do, rather than what people should not do. Attitudinal change is difficult to monitor, therefore statements such as "be less defensive" should be stated in terms of positive, observable behavior, i.e., will discuss therapy department's selection criteria for which pupils receive therapy services.

3. Ability to follow-up. Once the problem-solving has occurred, each party may have obligations to fulfill. The facilitator can ask when the proposed strategy will be put into operation and when the two parties would like to meet again with the facilitator to evaluate progress and make revisions if necessary.

Use of contracts

Contracts state behavior that has been agreed to be performed. A contract should be written in terms that both parties agree to. A date for reviewing the contract should also be noted. Each party obtains a copy of the contract. For sample contracts, see DeRisi & Butz, Writing Behavioral Contracts.*

---

*DeRisi, W. & Butz, G. Writing Behavioral Contracts, Research Press,

Summary

The role of the facilitator has been discussed in two situations: during meetings and working through staff conflict. Each situation requires the facilitator to attend to the communication process. The skills needed in each of these situations have been outlined. The examples used are only what they purport to be: examples. Each person has her/his own style of communication that "fits" for her/him. While most of us use some of the communication techniques, the facilitator should be well versed in all the techniques discussed. Role play exercises, although they are not "real," assist in developing familiarity with communication techniques not normally used. The advantage to practice is the incorporation into one's repertoire of other communication techniques which are then available during the "real" situation.

ROLE PLAY EXERCISES

FACILITATOR

You have had a number of complaints about an educational assistant. Since these complaints have come to you individually and over a couple of months, you have directed the staff members to discuss their concerns with the educational assistant involved. Recently one staff member has come to you repeatedly, with the same complaint. It is apparent that s/he is unable to discuss the concern with the person involved.

STAFF MEMBER #1

You have been working with an educational assistant with whom you have had a complaint. Specifically, the assistant has not done her/his share of the toileting duties and seems to ignore some of the pupils. You have gone to the facilitator repeatedly about this problem but feel you've had no results since you have been told to talk to the educational assistant directly. You have not felt comfortable in confronting the assistant.

STAFF MEMBER #2

You have been working as an educational assistant for some months. One of the staff members you work with has seemed to be stand-offish and you're not sure what the problem is. You are somewhat irritated that the traditional non-professional jobs have been given to you, i.e. toileting.

FACILITATOR

Two staff members have come to you to make a decision regarding therapy time out of the classroom vs. classroom programming. The staff members have not been able to work the problem out by themselves and appear to be clinging to their own territories.

STAFF MEMBER #1

You are a classroom teacher. You have been having a disagreement with the therapist about the amount of time the pupils are out of the classroom for therapy. You feel there has been no attempt to schedule therapy so that it doesn't interfer with the whole-group programs you have set up.

STAFF MEMBER #2

You are a therapist. You are in this school one day per week and have scheduled therapy sessions so as to maximize your time. One teacher has been complaining about the amount of time the pupils are out of the classroom which makes you feel that s/he doesn't recognize the therapy needs of the pupils. You are ready to stop therapy with the pupils from this classroom because you are already overcommitted and there appears to be no interest on the teacher's part.

FACILITATOR

Your site has been selected for a demonstration center. You are excited about the research that could go on in a demonstration center and the recognition your staff will receive. When you propose this plan to your staff they are less than enthusiastic.

STAFF MEMBER #1

You have just heard that your site has been selected to be a demonstration center. You were promised a full time aide for your classroom which you have not yet received. You wonder why there is money for a demonstration project when you can't even obtain adequate staff.

STAFF MEMBER #2

You have just heard that your site has been selected to be a demonstration center. You feel that the district is committing you to more work and at no extra pay, just to get a name for itself.

Role Play C-4

FACILITATOR

At a recent staff meeting you announced that the district priority for discretionary funding was in-service for staff. You are pleased that staff development has finally received recognition and encouraged your staff to submit requests for in-service. It has come to your attention via the teacher lounge grape-vine, that two staff members have been particularly vocal in feeling that the use of discretionary funds for in-service is inappropriate.

STAFF MEMBER #1

At a recent staff meeting it was announced that the district priority for discretionary funds was in-service for staff. You think that in-service would be nice but takes a lower priority to obtaining the equipment you need for your classroom (i.e. prone boards, wedges, lap boards). You have been vocal to other staff about your priorities for this money.

STAFF MEMBER #2

At a recent staff meeting it was announced that the district priority for discretionary funds was in-service for staff. You are the only social worker in the district and cannot meet all the requests for consultation and services. You wonder why in-service is a priority when it is apparent that there is inadequate staff to meet needs. You have been heard complaining about this situation.

These working papers are intended primarily as informal communications to and among staff members, graduate students, and interested individuals. They may contain hypothesis, study proposals, results of a study, critiques, etc., at any state of refinement. This paper is supported in part by a Bureau of Education for the Handicapped Contract No. 300-77-0299.

FACILITATOR SELF-EVALUATION FORM

As factilitator during this meeting, please respond to the following questions based on your behavior and the behavior of the participants at the meeting.

Meeting and Group Process

Circle one

Yes/No	1.	Did everyone at the meeting have an opportunity to actively participate?
Yes/No	2.	Did everyone at the meeting actively participate?
		If no, what indicators were there that other members wished to have a more active role?
Yes/No	3.	Did the meeting start on time?
Yes/No		If not, was the extension of the meeting mutually agreed upon?
Yes/No	4.	Did the meeting end abruptly?
		If yes, what can be done differently to avoid this situation?
Yes/No	6.	Was there a recorder for the meeting?
Yes/No	7.	Was there an agenda?
Yes/No	8.	Did you stay with the agenda?
Yes/No		If not, were new agenda items brought up by the group?
Yes/No	9.	If an issue was debated without group resolution, were you locked upon to make the final decision?
Yes/No	10.	When giving an opinion, was the group clear as to your role as a group member vs. group leader?
	11.	How much responsibility do you feel group members took for the group? 1 2 3 4 Little Much
Yes/No	12.	Was there conflict during the meeting?
Yes/No	13.	If there was conflict between two people or two ideas, was this conflict addressed by the group?
Yes/No	14.	Were group members interrupting each other?
		If yes, how did you handle that situation?

Communication Skills

Circle one

	1. Where you able to utilize:
Yes/No	summarizing?
Yes/No	paraphrasing?
Yes/No	reflection?
Yes/No	clarification?
Yes/No	2. Now that the meeting is over, were there instances in which you could have utilized summarizing, paraphrasing, reflection or clarification?
	Comments:
Yes/No	3. Were you aware of body language/tone of voice by group members that that indicated a wish to participate/withdraw?
	Comments:
	How did you deal with this?
Yes/No	4. Did you have an opportunity to coach "I-statements?"
	Comments:
	Now that the meeting is over, were there instances in which this technique would have been helpful?
	5. Based on this self-evaluation, what would you do differently at the next meeting?

L.Carnachan & V.Lynch
Center for Inservice Training & Program Development
University of Washington/10.79

Pupil ETC* Form

Classroom________ ____________________

Pupil________ ____________________

Keep a Pupil ETC Form folder for each child. Record what is discussed about the child at each team meeting. Update the forms at each meeting. The child will have several Pupil ETC Forms in his folder by the end of the year.

DATE	CONCERN	PROCEDURE/ACTION	BY WHEN	MAJOR RESPONSIBILITY	DISPOSITION/ COMMENTS	DATE

**Educational Team Communication Form (EEU, 1977)*
rev. Center for Inservice Training & Program Development, 1979

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HANDS ON ACTIVITY

Refer to Handouts:

a. A Case Study

b. Planning Classroom Activities Which Foster Growth in the Developmental Areas

Directions

A. Divide the audience into small groups consisting of a teacher, an aide, a therapist, a parent, and an administrator (or any combination of people that might make up an educational team).

B. Each group should choose a facilitator to run the meeting and a recorder to do the writing.

C. Each group should read and discuss the Case Study.

D. Based upon information from the Case Study, fill out both pages of the handout Planning Classroom Activities Which Foster Growth in the Developmental Areas. This should be done with input from each team member.

A CASE STUDY

NAME Rob

AGE 5.4

HANDICAPPING CONDITIONS: Language delay, some articulation difficulty, secondary behavior problems.

ENVIRONMENT/PLACEMENT: Lives with both parents, attended a preschool for mild to moderately delayed children, first year in Albuquerque Public Schools S.E.E.D Program.

PRESENT LEVELS OF PERFORMANCE

DEVELOPMENTAL AREA: Pre-academic

STRENGTHS	NEEDS
A. matches colors	A. does not know source of 20 actions ("What bounces?")
B. knows the names of four colors	B. cannot verbally sequence actions in a story
C. can count to 10	C. cannot arrange shapes from smaller to larger
D. can put together a 15 piece puzzle	D. cannot tell numbers that follow each other
E. can work independently for 15 minutes	

DEVELOPMENTAL AREA: Communication

STRENGTHS	NEEDS
1. descriptive vocabulary includes terms for the concepts of shape, size, color, texture and spatial relationships	1. unable to verbalize possible future events by using models (can, may, might, will, would, could).
2. able to respond to all language demands in which he has only to respond to information which is perceptually salient (things you normally pay attention to: shape, color, name etc.)	2. unable to use language for problem solving (what would happen if.....) and reasoning about the relationship between objects and events.
3. able to respond to most but not all language demands that require him to focus selectively on the material i.e., identifying differences, attending to two characteristics, naming characteristics and functions of objects.	3. unable to re-tell story in a logical fashion

DEVELOPMENTAL AREA: Fine Motor

STRENGTHS	NEEDS
1. can write name	1. cannot draw person with six parts
2. can color within lines	2. cannot copy simple words
3. can cut with scissors	
4. can build gate with blocks	

DEVELOPMENTAL AREA: Gross Motor

STRENGTHS	NEEDS
1. can catch bounced ball	1. cannot jump with both feet together
2. can climb ladder	2. cannot skip
3. can swing legs together	3. cannot jump backwards

DEVELOPMENTAL AREA: Behavior

STRENGTHS	NEEDS
1. sharing toys (with verbal reminder from the teacher) is emerging	1. can be distracted in large group activities
	2. verbally attacks adults when displeased has occasional tantrums

PARENT CONCERNS:

A. Wants Rob to get along with other children.

B. Are apprehensive about the Albuquerque Public Schools placement because of so many children in the classroom.

C. Parents want to learn techniques on how to handle Rob in public when he tantrums or abuses other children.

OTHER THERAPEUTIC CONCERNS:

1. Has a lower than normal nystagmus (pupil reaction to movement) response following vestibular stimulation (rotation).
2. Has displayed calmer behavior following vestibular stimulation.

PLANNING CLASSROOM ACTIVITIES WHICH FOSTER GROWTH IN THE DEVELOPMENTAL AREAS

Read Case Study

List 5 objectives that might apply to this child's IEP?

OBJECTIVE	DEVELOPMENTAL AREA
1. ____________________ ____________________ ____________________	Self-Help
2. ____________________ ____________________ ____________________	Cognition
3. ____________________ ____________________ ____________________	Motor (Fine & Gross)
4. ____________________ ____________________ ____________________	Speech & Language
5. ____________________ ____________________ ____________________	Social

List activities which would be planned to achieve mastery on the above mentioned objectives. Remember that any one activity can meet more than one objective. These activities should benefit all children in the class, handicapped and non-handicapped alike.

ACTIVITY	What objectives might be met through this activity?
1. ______________________	______________________
______________________	______________________
______________________	
2. ______________________	______________________
______________________	______________________
______________________	
3. ______________________	______________________
______________________	______________________
______________________	
4. ______________________	______________________
______________________	______________________
______________________	
5. ______________________	______________________
______________________	______________________
______________________	

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"PLANNING FOR INTEGRATION"

PURPOSES:

- To enable the staff from each school to visualize where they see their individual program now and in the future regarding integration of young children
- To share common problems and future goals of a future integration plan
- To share common problems and future goals of a future integration plan
- To brainstorm solutions and methods to overcome problems and achieve goals of integration
- To develop an integration plan for the next twelve months, utilizing the conceptual map designed earlier in the day and the information learned from previous workshops
- To share the integration plans with other schools, staff and administrators who are present

RATIONALE:

Successful integration must be carefully thought out. It doesn't occur without a step by step plan. Each program might have different goals and different steps toward the achievement of those goals. Each school's plan will insure greater success if the involved staff first believes in the concept. Second, the staff must set goals and be committed to them. Third, the staff must be able to break down those goals into realistic steps and direct themselves toward the achievement of them.

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AGENDA

"PLANNING FOR INTEGRATION"

Time: 3-4 hours

15 minutes	-	Arrival/Coffee
30-45 minutes	-	An Integration Roadmap: "Where are you going" Share roadmaps with large group.
15 minutes	-	Identify common roadblocks and future goals among participants.
10 minutes	-	BREAK
20 minutes	-	Brainstorming: Solutions to a common roadblock. Brainstorming methods to achieve a common goal.
30-45 minutes	-	Design a graphic chart for the school year. Integration Planning (Hands-on).
60 minutes	-	Share individual schools' planning chart for school year. Closing remarks. Discussion.

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INTEGRATION ROADMAP

Where are you going? Are there detours on this route?

Objective: Directional thinking (now and future)

Materials needed: Large pieces of butcher paper, magic markers, tape.

ACTIVITY

Please get together with your school staff and/or area support people. On your long piece of butcher paper, draw your realistic view of integration like a roadmap, indicating these suggested "sign posts":

- Where is integration today in your school
- Fill in where you want integration to go
- Show the good places
- Draw the bumpy spots
- Draw in the barriers or roadblocks
- Are there detours on this route
- How will your school get there? What type of transportation?
- What is the mileage from here and there?

Remember to let yourselves feel free and creative with your roadmap - it may be traveled by many - - -

Have Fun!!!!!

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CONTROLLED BRAINSTORMING

Materials needed: Butcher paper or large chalkboard, magic marker/chalk

RULES

1. Give a strict subject definition - 10 solutions to a barrier (roadblock) to integration common to the group of participants.
2. Identify methods to achieve an integration goal common to the group.
3. Establish a time limit for brainstorming - (2-3 min.).
4. Piggybacking is encouraged, (define) one person uses the idea of another to come up with a new idea.
5. Quantity is valued over quality.
6. No negative feedback is allowed.
7. No positive feedback is allowed.
8. Craziness is encouraged.
9. No explanations during the brainstorming session - reserve time for explanations later.
10. Provide some visual feedback to the group (chalkboard, overhead, etc.).

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INTEGRATION PLAN

Develop an integration plan for the next 12 months. The purpose is to identify the steps (objectives) and a time schedule for making integration a success through planning. Use the "roadmap" designed earlier in the workshop to identify objectives.

- Objectives should be written in chronological and sequencial order. There may be several sequences of objectives.
- Indicate a timeline for implementing each objective or,
- Identify goals based on the short term objectives.

Example:

September - Identify staff members interested in developing an integration class

Oct.-Jan. - Meet weekly for 1 hour to develop criteria for placement, curriculums, philosophy.

February - Present curriculum, etc., to Board of Directors/ Principal for approval.

DIRECTIONS

INTEGRATION PLAN 19-- - 19--

School Name______________________________

Objectives/Timeline	Objectives/Timelines	Objectives/Timeline	Goal(s)/Timeline

APPENDIX K

Letter from: Dr. Placido Garcia, Director, Legislative Education Study Committee (LESC)

Developmental Disabilities Ad Hoc Committee

Agenda of Legislative Education Study Committee (LESC) Meeting, September 27, 1984

Report on 1983 House Joint Memorial 16: Preschool Developmentally Disabled

House Joint Memorial 16 (1983)

A Study of Mainstreaming Options for Developmentally Disabled Preschoolers in New Mexico

LEGISLATIVE EDUCATION STUDY COMMITTEE

STATE OF NEW MEXICO
201 STATE CAPITOL
SANTA FE, NEW MEXICO 87503
Tel: (505) 984-9591

J. Placido Garcia, Jr., Ph.D.
Director

Representative Samuel Vigil, Chairman
Senator Timothy Jennings, Vice-Chairman
Representative Robert B. Corn
Senator Christine A. Donisthorpe
Representative Jim L. Gonzales
Senator Lois R. Hall
Representative Ralph D. Hartman
Representative Richard J. Kloeppel, Jr.
Senator John L. Morrow
Representative Murray Ryan

Advisory Member:
Representative M. B. Mickey McGuire

February 1, 1984

Ms. Deborah McCue
State Outreach Coordinator
Albuquerque Special Pre-school
3501 Campus Blvd., N.E.
Albuquerque, NM 87106

Dear Ms. McCue:

In response to House Joint Memorial 16 of 1983, the Legislative Education Study Committee (LESC) is in the process of studying the feasibility of lowering the minimum age for public school attendance to include three and four year old developmentally disabled children or those children in danger of developmental disabilities.

In response to your letter of January 30, 1984, let me indicate the interest of the LESC in your assistance of the research process by providing research data and other appropriate information relative to HJM 16. As you indicated in your letter, your assistance does not imply LESC endorsement of your total outreach program nor would it require state funding now or in the future.

Sincerely,

J. Placido Garcia, Jr.

DEVELOPMENTAL DISABILITIES AD HOC COMMITTEE

Ms. Polly Arango
P.O. Box 338
Algodones, N.M. 87001
Phone 867-3159

Mr. Louis Landry, Chief
Developmental Disabilities Bureau, BHSD
P.O. Box 968
Santa Fe, N.M. 87504
Phone 984-0020

Ms. Eleanor Gollay, Director
Administrative Services Division
Human Services Department
P.O. Box 2348
Santa Fe, N.M. 87503
Phone 827-4077

Mr. Elie Gutierrez, Director
Special Education Unit
State Department of Education
Phone 827-6741

Ms. Marilyn Price
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Ms. Meave Stephens-Dominguez
3912 70th, N.W.
Albuquerque, N.M. 87120
Phone 831-6523

Mr. Jim Jackson, Executive Director
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510 2nd St., N.W.
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Phone 243-8831

Ms. Marie Fritz, Director
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Mr. Kermitt Stuve, Executive Director
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3200½ Menaul, N.E.
Albuquerque, N.M. 87110
Phone 298-6796

Ms. Toni Martorelli, Director
Governor's Office of Children and Youth
Phone 827-3000

Ms. Esther Mailander, District Coordinator
District Diagnostic Center
Albuquerque Public Schools
6300 Clairmonte, N.E.
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Ms. Patty Ikard
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Ms. Cecelia Belone
School for Me
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Dr. Judy Vaughan
NNM Rehabilitation Center
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Ms. Deborah A. McCue
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Representative Richard J. Kloeppel, Jr.
Representative M. B. Mickey McGuire
Senator John L. Morrow
Representative Murray Ryan

Advisory Member:
Representative Daniel P. Silva

Tentative Agenda
September 27 and 28, 1984
Room 323
State Capitol Building
Santa Fe, New Mexico

NOTE: The LESC and staff will meet in the LESC offices at 9:00 a.m.

September 27, 1984 - 9:30 a.m.

Call to Order - Chairman Vigil
Approval of Agenda
Approval of Minutes - August 16-17, 1984

1. House Memorial 2--Performance-based Pay Systems for Public School Teachers Update - Dr. Rindone, Dr. Brown, Mr. Abeyta
2. Pupil Transportation - Mr. Lochbough
3. Public Law 94-142, State Plan Application - Dr. Simpson, Mr. Morgan
4. House Joint Memorial 16 (1983)--Preschool Developmentally Disabled Children Study - Dr. Simpson
5. Alternative Education Funding Formula Study - Mr. Thorpe, Dr. Baca, Mr. McDonald, Mr. Toledo
6. Vocational Correctional Education - Ms. Valdez, Mr. Johnson

September 28, 1984, 9:00 a.m.

7. Teacher Preparation Programs - Dr. Rindone, Dr. Colton
8. House Memorial 26--Truancy and Absenteeism in the Public Schools Study - Dr. Rindone, Dr. Sandoval, Ms. De La Pena
9. Length of School Year/Time on Task Study - Mr. Thorpe
10. Educational Governance - Dr. Simpson
11. Educational Retirement - Mr. Ready
12. LESC Director's Report
    - a. LESC Financial Report - August, 1984
    - b. LESC Audit
    - c. Correspondence
    - d. Other
13. Next LESC Meeting - November 15-16, 1984
14. Adjournment

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Representative M. S. Mickey M
Senator John L. Morrow
Representative Murray Ryan

Advisory Member:
Representative Danial P. Silva

September 27, 1984

Memorandum

To: Legislative Education Study Committee Members

From: Bill Simpson WSS

Re: HJM 16 (1983): Preschool Developmentally Disabled Children

---

Summary

This study finds substantial justification—both humanitarian and economic—for instituting services through public schools for developmentally disabled three and four year olds. An estimated 1,000 three and four year olds would be eligible for service; fewer than a third of these children currently are receiving assistance (frequently at an incomplete level) and services are unevenly available across the state.

The Legislative Education Study Committee's Ad Hoc Committee to Study Preschool Developmental Disabilities requests that the LESC sponsor legislation to lower the age of eligibility for special education and ancillary services through public schools to three years of age for developmentally disabled children.

Four options are posed for funding services to developmentally disabled three and four year olds.

Option 1 (developed and recommended by the Ad Hoc Committee) is to fund services at one FTE per child at a rate of D-level Basic Support plus Ancillary Services: currently equal to $9,345 per child. A three year phase-in period is recommended, requiring a first-year allocation of $3.7 million, a second-year allocation of $6.5 million, and a third-year (full operation) allocation of $9.3 million.

Option 2 is to fund using the above formula factors and phase-in, but at one-half FTE per child: a cost less than $5,000 per child at full operation.

Option 3 is to fund services through a categorical allocation independent of the public school funding formula.

Option 4 is to make PL 94-142 State Plan and statutory changes, but delay state appropriation until federal funds flow to preschool services.

Option 5 is to study further the methods for implementing services.

Report on 1983 House Joint Memorial 16: Study of Preschool Developmentally Disabled Children

House Joint Memorial 16 of the 1983 legislative session directed the Legislative Education Study Committee (LESC) to study the needs of preschool developmentally disabled children, and in particular, "the feasibility of lowering the minimum age for public schools to include three and four year olds who are developmentally disabled or at risk of developmental disabilities in the public schools..."

Initial data on needs of these children were gathered during the 1983 interim and in September, 1983, the LESC heard testimony from parents and professionals regarding the merits of early intervention for developmentally disabled children. At the request of the LESC, an ad hoc committee was formed to continue work on this topic and the study was carried over into the 1984 interim.

The Ad Hoc Committee, membership of which is shown in Table 1, has assembled information and has met regularly during the past year. Part I of the present report represents the research and recommendations of the Committee. Part II, prepared without the Ad Hoc Committee's review, provides some additional information and options for LESC consideration.

Table 1
1983 HJM 16 Ad Hoc Committee Membership

Name	Location	Representing
Ms. Polly Arango	Algodones	Parents
Ms. Cecelia Belone	Tohatchi	School for Me
Ms. Betty Brewer	Albuquerque	Parents
Ms. Marie Fritz	Santa Fe	Developmental Disabilities Planning Council
Ms. Eleanor Gollay	Santa Fe	Human Services Department
Mr. Elie Gutierrez	Santa Fe	State Department of Education
Ms. Patty Ikard	Las Cruces	Parents
Mr. Jim Jackson	Albuquerque	Protection & Advocacy System
Mr. Louis Landry	Santa Fe	Health & Environment Department
Ms. Esther Mailander	Albuquerque	Albuquerque Public Schools
Ms. Toni Martorelli	Santa Fe	Governor's Office of Children & Youth
Ms. Deborah McCue	Albuquerque	Albuquerque Special Preschool
Ms. Debbie McGrew	Albuquerque	The Rehabilitation Center
Ms. Marilyn Price	Albuquerque	Early Childhood Consortium
Ms. Meave Stephens-Dominguez	Albuquerque	Programs for Children
Mr. Kermit Stuve	Albuquerque	Association for Retarded Citizens of New Mexico
Dr. Judith Vaughan	Las Vegas	Northern New Mexico Rehabilitation Center

I. Recommendations of the Ad Hoc Committee

The Ad Hoc Committee requests that the LESC sponsor legislation to lower the age of admission to special education in the public schools to three years of age for developmentally disabled children. (22-8-3 NMSA 1978 defines the lower limit of eligibility at five years of age.)

Developmentally Disabled Children

The population eligible for the proposed services would be three and four year old children categorized as developmentally disabled according to the program standards of the New Mexico Health and Environment Department.[1] A developmental disability is a severe chronic disability which usually becomes apparent during childhood and results in substantial functional limitations in three or more areas of behavior: self care, listening, speaking and other self-expression, learning, mobility, self-direction, and (for older persons) capacity for independent living and economic self-sufficiency.

Examples of developmentally disabled children include those who are mentally retarded, severely physically impaired, or have sensory-perceptual impairments.[2] Most of these impairments are detectable by the time a child reaches three or four years of age. When the child-find activities currently funded through state appropriations and soon to be supplemented by PL 94-142 funding are in full operation, New Mexico will have a statewide mechanism for identifying potentially-developmentally-delayed children.

The program addressed in the present request includes diagnostic testing of potentially-delayed children in order to separate out those whose delays reflect actual developmental disability and who would therefore be eligible for the proposed services. Consequently, in combination with the existing child-find program, the proposed funds should result in a virtually complete system for identifying all New Mexico children who need services, making those services available (for three and four year olds), and monitoring the progress of those whose families choose to access the services.

Early Intervention: Beneficial and Cost-Effective

The Ad Hoc Committee has reviewed research evidence on the effectiveness of services for preschool developmentally disabled children and has concluded that there is a convincing picture of benefit to the children and their families and long-term cost savings to society. The New Mexico Developmental Disabilities Planning Council's 1983 report, The Early Years: A Plan for New Mexico's Developmentally Disabled Children, concludes:

> "...1) the earlier intervention is begun, the greater the developmental gains; 2) early intervention decreases the likelihood that children or adults will be institutionalized or be dependent on costly special services; 3) the value of long term benefits outweighs costs of early intervention by a margin of at least two to one." (p. 8).

The evidence of effectiveness of preschool services has been assembled during a period spanning the early 1960's to the present, under the guidance of such wellknown educators, psychologists, and other professionals as Samuel Kirk, Benjamin Bloom, J. McV. Hunt, Merle Karnes, Urie Bronfenbrenner, and Irving Lazar. In brief, the evidence confirms that services have more impact on a preschool child than they have when the child is older and that a child who receives service as a preschooler will require less (and often no) service during later school years.

The long-term cost savings for society have been demonstrated in Ypsilanti, Michigan's Perry Preschool Project, during the late 1970's, and in more recent evaluations conducted in other parts of the nation.[3] These studies reveal that the costs of providing preschool services are largely balanced by the reductions in special education required by these children during their later school years. And, additional savings for society are realized by the facts that children receiving early intervention have higher projected lifetime earnings than children without the intervention and their parents are freed to increase their own earnings.

In Colorado, developmentally disabled children receiving preschool services through the public school system were found to have "required fewer special education services when they reached elementary school and ultimately cost the school district less money than if they had not received preschool special education".[4]

Evidence of effectiveness of early intervention also is available within New Mexico. A third-party evaluation of state-supported services for children[5] concludes that "early and intensive intervention can head off more severe problems which are more costly and more difficult to deal with ... there is a clearly perceived need ... for intervention at the earliest possible age to assure maximum impact ..." (pp. 38-40).

Two case summaries, provided by current preschool personnel, illustrate the impact of early intervention upon developmentally disabled New Mexico children:

> Jody is a preschool child with developmental delay due to hydrocephalus. He has been treated with a shunt procedure to resolve medical problems and after six months in a northern New Mexico preschool program he is now only a few months delayed in speech and is "on target" in fine and gross motor skills. Jody is now expected to function in a standard classroom by age five, thereby avoiding the need for special education services during his school years.
>
> Julie is a five year old New Mexico girl whose severe developmental delay was caused by Herpes infection at birth. Prior to enrollment in a preschool she showed little response to people. She would cry for extended periods without apparent reason. Efforts to reach her through individual speech and occupational therapy were frustrated by her lack of attention span. After three months in the preschool program she now reacts with affection to staff members, plays with a toy for several minutes at a time, babbles and speaks meaningful words. Early, systematic attention through the preschool program has greatly changed the course of her development.

Overall, then, there is widespread evidence that preschool educational services for developmentally disabled children operate as preventive treatment and are justified on both humanitarian and economic grounds.

Public Schools: The Best Location for Services

For several reasons, the public school system appears to be the best location for coordinating services to developmentally disabled three and four year olds. First, the public school system is the most widespread agent available, reaching into every community. Second, public schools usually function as community centers. Citizens are familiar with the schools and therefore less reticent to contact school personnel than the personnel of other agencies. Third, especially when the PL 94-142 funded regional center cooperatives are in place the schools will be an efficient location for accessing services. Fourth, the treatments needed by these three and four year olds are to a large extent experiential in nature, stressing behavioral interactions with the children and with their parents.

Not all services will necessarily be provided in school facilities. Many service contacts will be made in homes and in some cases service may be contracted to other agencies, including those which currently provide therapy. But for the above reasons the public schools appear convincingly to be the most effective and efficient focal point for assembling and operating preschool programs.

Delivery of Service: Administrative Alternatives

The plan devised by the Ad Hoc Committee for administering the proposed services involves the current state educational structure, aided by a new advisory board, overseeing services provided by local education agencies (LEAs) according to one of two alternative arrangements.

An early childhood/developmental disabilities unit should be created within the State Department of Education (SDE). Duties of this unit would include program approval, developing and monitoring program standards and guidelines, providing training and technical assistance to local education agencies, planning for current and projected needs, and promoting interagency coordination of services. This unit would have the responsibility of ensuring that funds allocated to the LEA are used for appropriate services and that those services are available to all children who are eligible for the program.

An advisory board should be created by the State Board of Education to provide guidance in developing appropriate services for the pre-school developmentally disabled children, which is an especially important role during the phase-in of younger children to public schools. (Under Alternative B, below, the advisory board also would review and advise alternative strategies when the local school district does not exercise its option to provide services for the pre-school developmentally disabled children.) The advisory board should be composed exclusively of equal membership from providers and consumers. Providers are defined as any individual involved with providing services to pre-school developmentally disabled children. Consumers are defined as parents of the eligible population.

The two alternatives for delivering services at the local level are illustrated in Figure 1. One of these alternatives should be chosen by the State Board of Education as the method for operationalizing the proposed program. Under Alternative A, the local education agency (LEA) has the responsibility to provide services with the following conditions and exceptions:

1. the LEA may join (an)other LEA(s) to form a consortium (PL 94-142 Regional Center Cooperatives may be used) to ensure a sufficient number of children for cost-efficient program operation; or

2. the LEA may choose to provide some or all necessary services through contracts or grant awards to private agencies and individuals; or

3. the LEA may choose not to exercise its option to provide some or all of the needed services, in which case the LEA shall notify the SDE of its intent in writing no later than January 30 of the preceding school year. In such case, the SDE shall have the authority to contract directly with (a) local provider(s) to supply necessary services for the eligible population.

Under Alternative B the LEA has the responsibility to provide services for the eligible population. The LEA may join (an)other LEA(s) to form a consortium (including a PL 94-142 cooperative) to ensure a sufficient number of children for efficient operation. The LEA may choose to provide some or all necessary services through contracts or grant awards to private agencies and individuals.

Thus, the major difference between these alternatives is that under Alternative A the LEA can provide services, form consortia to provide services, contract services, or opt not to provide services. Upon the LEA electing not to provide services, the SDE is responsible to contract for services with various providers based on competitive awards. Under Alternative B the LEA has the option to provide services, form consortia to provide services, contract services, but ultimately is responsible for providing services to the eligible population. Again, only one of these alternatives actually would be operationalized.

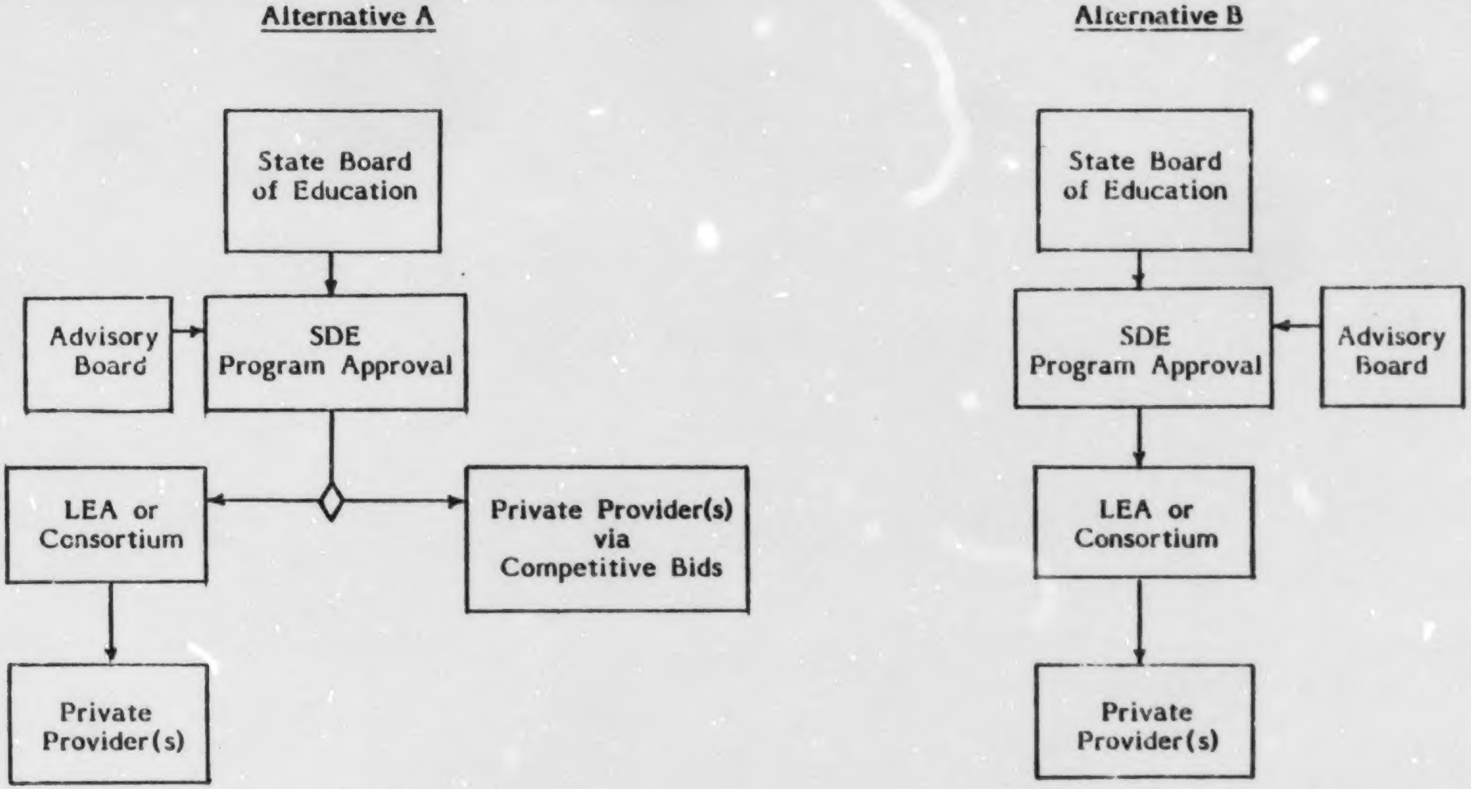
Delivery of Service: a Locally-Tailored Model

It is envisioned by the Ad Hoc Committee that the actual services provided to individual children will vary depending upon the needs of each child and the facilities available. The Committee endorses a flexible home-based/center-based model which emphasizes the use of itinerant educational staff members and one-to-one assistance for many children, especially those with medical or physical limitations which preclude attendance at a center, and, the availability of center-based programs where that is a feasible and more-productive option.

More-specific program models will be adopted which provide adequate services for the eligible population in ways which ensure that each child will be placed in a least restrictive environment. Specific parent involvement criteria are to be developed to ensure an active role in the development and delivery of services for each pre-school developmentally disabled child.

The services to be included in this program are evaluating and diagnosing particular needs, providing the children with learning experiences that develop their cognitive and social skills, arranging or providing speech, physical, and occupational therapies, and helping family members to work with their children.

FIGURE 1
ALTERNATIVES FOR ADMINISTERING PRESCHOOL DEVELOPMENTAL DISABILITIES SERVICES


Alternative A
State Board of Education
Advisory Board
SDE Program Approval
LEA or Consortium
Private Provider(s) via Competitive Bids
Private Provider(s)
Alternative B
State Board of Education
SDE Program Approval
Advisory Board
LEA or Consortium
Private Provider(s)

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Delivery of Service: Mandated Availability with Voluntary Participation

It is the recommendation of the Ad Hoc Committee that availability of the proposed services be mandated through all school districts (according to one of the above administrative alternatives) but that participation in the services be at parental discretion, comparable to the current situation with kindergarten in New Mexico public schools.

Agency Responsibilities

Under the plan developed by the Ad Hoc Committee, responsibilites would be divided among state agencies in the following manner. For developmentally disabled children birth through two years of age, the New Mexico Health and Environment Department (HED) would retain its current responsibility for service. For three and four year old developmentally disabled children, consistent with PL 94-142 regulations, child-find activities will be the responsibility of the SDE in a joint effort with the HED. The Programs for Children and Child Development Centers, which currently are responsible to HED for diagnostic services, will cooperate with SDE in providing diagnostic evaluations. State standards for diagnosis shall be reviewed regularly by SDE and HED and revised for appropriateness. Service for these three and four year olds will be the responsibility of SDE, delegated as outlined in whichever of the preceding alternatives is implemented.

It is recommended by the Ad Hoc Committee that the proposed services articulate as closely as possible with the service network that will be established by SDE in accord with PL 94-142 and with the existing network of service providers currently under contract with HED.

The Number of Children Needing Assistance

The Ad Hoc Committee has reviewed various data concerning the number of New Mexico children who should be eligible for the proposed services and the level of service currently available.

The number of developmentally disabled three and four year olds in New Mexico was estimated by the Developmental Disabilities Planning Council[2] using three techniques, all of which yielded very similar estimates. The most straightforward of these techniques is to apply census data about the incidence of handicapping limitations in the population to the number of live births in New Mexico for successive recent years. The incidence of severe chronic disability among preschoolers is approximately two percent. Table 2 applies this percentage to the numbers of live births in New Mexico, 1980 to 1983, and displays estimates of the total number of children who would be expected to be eligible for the proposed services as three and four year olds. During 1985 there will be approximately 550 three year olds plus approximately 550 four year olds with developmental disabilities in New Mexico. Assuming 95% detection of these children, there will therefore be approximately 1,050 three and four year olds identified eligible for assistance through the proposed program during 1985. Although the data in Table 2 do not, alone, support any confident projection for future years, the Developmental Disabilities Planning Council currently is developing detailed projections through the year 2000.

TABLE 2
ESTIMATED NUMBER OF ELIGIBLE CHILDREN

Year	Live Births	Estimated Number Developmentally Disabled Eligible Among Live Birth	 3 + 4 Year Olds During a Given Year[1]
1980	26,589	532	1,010
1981	26,565	531	1,010
1982	27,630	553	1,050
1983	27,508	550	1,045

1. Twice the number eligible (2%) in a given birth cohort, reduced to 95% to account for incomplete identification.

Source: Live birth data from the Vital Statistics Bureau, Health Services Division, HED

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Table 3 displays the number of births during 1983 by health district and by county. The estimated number of developmentally disabled children among these births is also shown, calculated at a two percent rate.

The number of developmentally disabled preschoolers currently receiving service through the Health and Environment Department is monitored by the Co-Op system of that agency. Table 4 presents this information as of June, 1984. Note that the data in Table 4 represent children birth to five years of age, not just three and four year olds. The total of 718 children currently being served represents some served through the Developmental Disabilities Bureau plus some served through other offices. Table 5 divides the numbers of children currently being served into age cohorts, revealing that three year olds and four year olds constitute 57% of the preschool children receiving service. Taking 57% of the 718 children in Table 4, it can be estimated that about 400 developmentally disabled three and four year olds currently are being served, just over a third of the estimated 1,050 detectable and in need of service.

Furthermore, the Developmental Disabilities Bureau indicates that many of the children currently being served are not receiving all the assistance they need. In some instances, children included in Table 4 are receiving only a small part of the help they require. Thus, the current level of service for developmentally disabled three and four year olds probably is less than a third of the level of need for service.

The 1983 report of the Developmental Disabilities Planning Council (See Reference 2) estimates that the unmet need for service is three times that of the current level of service. In addition, that report indicates that the current level of service is very uneven across the state. Although in a few counties many of the preschool children needing services are receiving them, in a large number of counties (18 in the 1983 data) none of the developmentally disabled children needing service are receiving any help through a formal program.

TABLE 3
NUMBER OF LIVE BIRTHS BY COUNTY DURING 1983 AND ESTIMATED NUMBER OF DEVELOPMENTALLY DISABLED

Health District	County	Number of Live Births	Estimated Number of Developmentally Disabled
I	Cibola	574	90
	McKinley	1,669	
	San Juan	2,315	
II	Colfax	250	71
	Los Alamos	206	
	Mora	77	
	Rio Arriba	676	
	San Miguel	482	
	Santa Fe	1,366	
	Taos	450	
III	Bernalillo	7,650	184
	Sandoval	796	
	Torrance	146	
	Valencia	595	
IV	Curry	904	32
	DeBaca	42	
	Guadalupe	92	
	Harding	16	
	Quay	165	
	Roosevelt	294	
	Union	80	
V	Catron	37	19
	Grant	464	
	Hidalgo	144	
	Luna	296	
VI	Chaves	1,173	103
	Eddy	1,019	
	Lea	1,596	
	Lincoln	254	
	Otero	1,163	
VII	Dona Ana	2,112	51
	Sierra	128	
	Socorro	277	
STATE TOTALS		27,508	550

Source: Vital Statistics Bureau, Health Services Division, HED.

Note: Because of the small numbers involved in some counties, estimates of the number of developmentally disabled children have been listed only by health district.

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TABLE 4
REPORT OF EARLY CHILDHOOD SERVICES FOR DEVELOPMENTALLY DISABLED
Number of Children (Birth to 5 Years of Age) Being Served and Number on Waiting List

Health District	Community Agency	Funded By DD Bureau, HED[1]	Total Served Through HED Agencies All Funds[2]	Identified As Waiting For Early Childhood Services[3]
I	MASH	37	61	43
	PMS	45	48	20
Total		82	109	63
II	Con Cit DD	11	6	8
	Las Cumbres	35	47	26
	New Vistas	63	63	30
	ARC of Taos Co.	20	17	6
	Northern New Mexico Rehab Center		20	
Total		129	153	70
III	Albq. Sp. Preschool	38	38	68
	ARC of Albq.	0	1	
	Esperanza	66	54	43
	PB & J	50	46	41
	Rehab. Center	21	28	24
	Resource Center	16	16	1
	Southern Pueblos	12	25	4
	La Vida de Valencia	20	22	
	Southwest Communication	25	25	
Total		248	255	181
IV	ENMRSH	11	11	
V	SWSH	37	57	
VI	ARC of Carlsbad	5	23	
	Tobosa DTC	16	12	2
	Zia Therapy	28	46	2
	Southern New Mexico Rehab		35	
Total		49	116	4
VII	Tresco, Inc.	23	17	11
Total All Districts		579	718	329

Source: Developmental Disabilities Bureau, Health and Environment Department, September, 198

Notes:
1. Number of contracted early childhood placements for FY73.
2. Data Source: Co-op June, 1984 History file and agency reports. Includes clients enrolled in early childhood components. Where Funded column is more than Served column, this usually reflects delay in entering client into Co-Op system.
3. Data Source: Co-op March, 1984 history file. Children documented as waiting to be enrolled in early childhood components.

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TABLE 5

NUMBER OF CHILDREN CURRENTLY SERVED BY AGE

Health District	Community Agency	Birth - 1 Yr.	1 Yr. Olds	2 Yr. Olds	3 Yr. Olds	4 Yr. Olds	Totals
I	Coyote Canyon	0	0	0	0	0	0
	MASH	3	13	12	22	11	61
	PMS	3	6	10	14	15	48
II	Con Cit DD	0	1	3	0	2	6
	Las Cumbres	4	3	7	15	18	47
	New Vistas	10	13	16	17	7	63
	ARC of Taos Co.	1	4	5	3	4	17
III	Albq. Sp. Pre.	4	8	2	8	16	38
	ARC of Albq.	0	0	0	1	0	1
	Esperanza	6	10	15	9	14	54
	PB & J	4	10	8	12	12	46
	Rehab. Center	0	5	5	10	8	28
	Resource Ctr.	0	0	4	3	9	16
	Southern Pue.	1	5	2	11	6	25
	La Vida de Val.	3	3	6	6	4	22
	Southwest Comm.	2	5	4	6	8	25
IV	ENMRSH	0	0	2	3	6	11
V	SWSH	4	9	9	17	18	57
VI	ARC of Carlsbad	0	8	6	6	3	23
	Tobosa DTC	0	2	1	1	8	12
	Zia Therapy	1	3	11	18	13	46
VII	Tresco, Inc.	0	1	2	3	11	17
	Total All Districts	46	109	130	185	193	663

Source: Developmental Disabilities Bureau, Health and Environment Department, September, 1984.

Note: Total is less than that in Table 4 because Northern New Mexico Rehabilitation Center and Southern New Mexico Rehabilitation Center are not included in Table 5.

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Requested Funding

The Ad Hoc Committee requests that the proposed services for developmentally disabled preschool children be funded by an appropriation in addition to that made for current public school children, recognizing that (1) the services are for three and four year olds not presently covered by public school funding and (2) the savings from early intervention with these children will not begin to be realized until they are well into their later school years.

The Committee requests that state support of this program be calculated as equal to D-Level Special Education plus Ancillary Services, as illustrated below. It is likely that a phase-in period will be necessary, because of the current shortage of qualified personnel and the time required to implement fully the child-find and service systems associated with this program.

The fully-operational program demand has been estimated at 1,000 children per year, slightly less than the above eligibility projections, in recognition that the program is a voluntary one in which not all parents will choose to involve their children.[6]

This requested level of funding also considers each disabled child as a full time equivalent pupil, even though not all preschool children would spend five full days per week in programming. The full-FTE-per-child assumption is based upon the need to maintain low pupil-teacher ratios with these children, often involving one-to-one work with a child or a parent, plus the fact that a substantial part of the service is expected to be home-based.

Given the preceding assumptions, the Ad Hoc Committee suggests phased-in funding in the following amounts, calculated at a unit value of $1,584:

Year 1	$3,738,000.
Year 2	6,542,000.
Year 3 (full operation)	9,345,600.

These amounts would provide a full-service program sufficient to meet the varied needs of these children. Table 6 provides greater detail on the derivation of these amounts.

The Ad Hoc Committee underscores the point that this funding request should be considered in addition to state appropriations for school-aged children as currently defined (five years of age and above), so as not to reduce the unit value by the mere extension of service to developmentally disabled three and four year olds.

TABLE 6

AD HOC COMMITTEE-RECOMMENDED FUNDING LEVEL FOR DEVELOPMENTALLY DISABLED 3 AND 4 YEAR OLDS

Full Operation (Year 3 and beyond): 1,000 children	
Basic Support (D-Level)	
1,000 ADM x 3.5 differential x $1,584 =	$ 5,544,000.
Ancillary Services[1]	
120 programs x 20 units x $1,584 =	3,801.600.
TOTAL	$ 9,345,600.
(Total per child: $9,345.)	
Phase In	
Year 1: 40% of full operation =	$ 3,738,000.
Year 2: 70% of full operation =	6,542,000.

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[1] Recommended at three therapists (programs) per 25 children. This estimate is based upon the cost of comparable programming for early school children in the Albuquerque Public Schools.

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II. Additional Options for Serving Developmentally Disabled Three and Four Year Olds

This section of the report poses some additional methods of responding to the needs of developmentally disabled preschool children--alternatives to the recommendation of the Ad Hoc Committee ("Option 1").

There is strong evidence of unmet need for service to New Mexico's developmentally disabled three and four year olds and strong evidence that quality preschool programs can accelerate these children's progress in a cost-effective manner. Consequently, these options all are based upon the Ad Hoc Committee's conclusion that preschool programs should be provided. The options differ in the level of funding recommended to implement the programs and the strategy for implementation.

Option 2: Follow the Ad Hoc Committee's recommendations but with a lower level of funding. One conclusion of recent research on preschool education is that programs must be of high quality to be effective, implying that there must be substantial financial support for them. The level of funding requested by the Ad Hoc Committee is set at a level sufficient to guarantee full service to program participants, and thereby to maximize the opportunities for program success. Information from other states suggests that the requested level of funding would place New Mexico in the forefront of preschool programming for developmentally disabled children. Other states fund preschool programs at lower levels, but, their programs also appear to be less intensive than the Ad Hoc Committee's recommendations.

Thus, it may be sufficient to fund services for developmentally disabled three and four year olds at a level below that recommended by the Ad Hoc Committee. Option 2, then, is to lower the age of eligibility for school services to developmentally disabled children, but count each eligible child as only ½ FTE, which would cut the estimated per-child level of support from $9,345 to less than $5,000. This option would recognize that service episodes for many preschool children are unlikely to exceed half-day lengths. In addition, there is some evidence that private service providers in New Mexico are currently operating at costs within this limit. A disadvantage of this option, according to Ad Hoc Committee members, is that the lower level of funding may not meet the costs of itinerant and one-to-one programming which are major components of the recommended service model, especially in rural areas of the state which are currently underserved or unserved.

Option 3: Follow the Ad Hoc Committee's recommendations but fund outside the public school funding formula. One disadvantage of the Ad Hoc Committee's Option 1 is that use of D-level plus Ancillary Service funding may, at least at some later time, reduce the unit value of school appropriations. One possible way to avoid this is to fund services for developmentally disabled three and four year olds through an independent allocation set at a level unrelated to funding formula factors. There are possible disadvantages to this option. One is that the support level per child may not be as dependable through the special allocation process as it would be through the funding formula process. Another possible disadvantage is that not using the formula factors suggests discontinuity between education for three and four year olds versus older children. A third disadvantage of this option is that it introduces another categorical appropriation for education, a procedure which is fundamentally inconsistent with New Mexico's philosophy of supporting public education.

Option 4: Modify the State Plan for PL 94-142 funding to include three and four year olds, but delay State allocation. Another option for implementing services for developmentally disabled three and four year olds would be for the State Board of Education to amend New Mexico's State Plan for implementing the Education of the Handicapped Act to make three and four year olds eligible for service. (This would also require statutory change, as would all of the above options.) The advantage of this approach is that it would allow federal PL 94-142 money to flow first to support the proposed services, thereby avoiding the supplanting problem which may exist if state money is appropriated first. A disadvantage of this option is that services will be implemented (at least initially) at a much lower level because PL 94-142 funding is less than $200 per child. This level of funding might allow an initial parent education and support program. But eventually the State would, in turn, have to allocate essentially the same amount as in one of the preceding options in order to achieve the quality of programming necessary for success.

Option 5: Study further the methods for implementing services. Under this option the LESC would withold any decision among the preceding options pending receipt of additional information and/or a more favorable budget climate for the State.

It may, for example, be appropriate to solicit reactions to this study from local school districts. In addition, upper level administrators of appropriate state agencies--including the State Department of Education, the Health and Environment Department, and the Human Services Department--could collaborate to help assure that this plan for implementing services through the schools draws upon, rather than duplicating, the resources of all relevant agencies. Another rationale for this option is the State's financial picture. The Department of Finance and Administration currently projects a shortfall in revenues relative to state allocations for FY 73, at least. Thus, the 1985 legislative session may be a difficult time to fund the proposed new program.

Other States' Practices

A substantial number of other states now provide services for handicapped children less than five years of age. Table 7 summarizes the status of preschool services as of July, 1984. At least nineteen states currently mandate services for handicapped children by age three or earlier. Preschool service for disabled children is frequently a component of the educational reform packages that are now being initiated across the nation.

TABLE 7

AVAILABILITY OF SCHOOL SERVICES FOR HANDICAPPED CHILDREN

Mandated from Birth: 6 States

Iowa
Maryland
Michigan
Nebraska
New Jersey
South Dakota

Mandated from Age 2: 1 State

Virginia

Mandated from Age 3: 12 States

Alaska
Connecticut (age 2.8)
California
Hawaii
Illinois
Louisiana
Massachusetts
New Hampshire
Rhode Island
Washington (by 1986)
Wisconsin
Texas (from birth for visually-impaired, hearing-impaired, and deaf-blind)

Mandated from Age 4: 5 States

District of Columbia
Minnesota
Delaware (from age 3 for trainable and severely mentally retarded and physically impaired; from birth for hearing and/or visually impaired and autistic)
Oklahoma (from birth for visually or hearing impaired and severely handicapped)
Tennessee (from birth for deaf)

Mandated from Age 5: 14 States

Colorado
Florida
Georgia
Idaho
Kentucky
Maine
Missouri
Nevada
New York
New Mexico
North Carolina
Ohio
Utah
West Virginia

The 13 additional states mandate services from age 6.

Source: Special Education Unit, State Department of Education

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Related Work of Other Legislative Committees

The Legislative Finance Committee (LFC), in response to HJM 4 (1982, sponsored by Representatives Vigil and Mershon), is continuing to study ways of consolidating current rehabilitation services for children (including some developmentally disabled children). The LFC study was motivated by the difficulty that parents experience in locating and coordinating services needed by disabled children, a concern which also is one basis of the present recommendation by the LESC's Ad Hoc Committee. Mr. Philip Baca, the LFC analyst responsible for the HJM 4 work, indicates that the services of prime concern in that study are medical in nature and that there appears to be no necessary conflict between the LFC work and the present LESC study. However, at some future point it will be desirable to coordinate any actions which flow from the two studies.

The interim Children and Youth Study Committee recently received testimony from the Early Childhood Consortium, an advocacy group supporting eligibility of three and four year old developmentally disabled children for special education services. The LESC staff should continue to follow actions of that committee relevant to this issue.

References and Notes

1. HED 83-6 (BHSD) Program Standards for Developmental Disabilities Community Agencies.
2. New Mexico Developmental Disabilities Planning Council. (1983) The Early Years: A Plan for New Mexico's Developmentally Disabled Children
3. Smith, B.J. (no date) Affecting State Legislation for Handicapped Preschoolers. See also High Scope Resource (1983; 2,3) Who Should Receive Early Childhood Education?
4. McNulty, B. et. al. (1983) Effectiveness of Early Special Education for Handicapped Children. Report commissioned by the Colorado General Assembly.
5. Mallery, P. (January 7, 1982) Study of Funding and Delivery of Supportive Services to Children and Youth. A report submitted to the New Mexico Corrections, Health and Environment, and Human Services departments.
6. The Ad Hoc Committee recognizes that some of the proposed services already are provided through HED. The committee recommends that current HED funding be maintained (rather than reduced or deducted from the proposed allocation) but shifted to cover the needs of children birth through two years of age. These infants also are currently underserved.

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CHAPTER

HOUSE JOINT MEMORIAL 16

Introduced by

REPRESENTATIVE SAMUEL F. VIGIL
REPRESENTATIVE JUDITH A. PRATT
REPRESENTATIVE MARY TUCKER
REPRESENTATIVE TANDY L. HUNT
REPRESENTATIVE E. KELLY MORA
REPRESENTATIVE RICHARD J. KLOEPPEL, JR.

1912

A MEMORIAL

DIRECTING THE LEGISLATIVE EDUCATION STUDY COMMITTEE TO STUDY THE NEEDS OF PRESCHOOL DEVELOPMENTALLY DISABLED CHILDREN.

WHEREAS, the opportunity for education and training programs presently exists in New Mexico for some children of ages three and four who are developmentally disabled or at risk of developmental disabilities; and

WHEREAS, there is evidence to indicate that early intervention through education and training programs produces long-lasting improvement in the condition of these children, resulting in a likelihood of lesser need for services in later years; and

WHEREAS, the state should assure that all children who are developmentally disabled or at risk have the opportunity to benefit from early intervention programs;

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO that it requests the legislative education study committee to study the feasibility of lowering the minimum age for public schools to include three and four year olds who are developmentally disabled or at risk of developmental disabilities in the public schools, to determine the cost and to recommend changes in the funding formula to cover the increased cost; and

BE IT FURTHER RESOLVED that the human services department, the health and environment department and the developmental disabilities planning council cooperate with the legislative education study committee in defining the eligible population, the current and needed services of this population and other matters deemed necessary by the legislative education study committee; and

BE IT FURTHER RESOLVED that the committee report its findings and recommendations, including suggested legislation, to the second session of the thirty-sixth legislature.

-DRAFT-

A GUIDE TO MAINSTREAM OPTIONS
FOR NEW MEXICO'S YOUNG DEVELOPMENTALLY DISABLED CHILDREN

Written by

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Foreword

The following people served as members of a volunteer review committee. Their input and suggestions helped broaden the scope of this project and shaped its final form. Their time and assistance in the completion of this project is deeply appreciated.

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INTRODUCTION

At the national level, priorities have been placed on developing programs, which serve young handicapped children in settings which include their non-handicapped peers. This priority is in response to the legislative mandate of P.L. 94-142 which requires an appropriate education in the least restrictive environment for each handicapped child. In New Mexico, providing mainstream placements for young handicapped preschoolers, can also be viewed as a method of delivering services to children who are currently unserved or underserved.

Responding to national priorites, the Guide to Mainstream Options for New Mexico's Young Developmentally Disabled Children was conceptualized by the New Mexico Developmental Disabilities Planning Council (DDPC) as an outgrowth of The Early Years: A Plan for New Mexico's Developmentally Disabled Children (DDPC, June, 1983). Albuquerque Special Preschool, a non-profit community program funded by the Health and Enviornment Department Developmental Disabilities Bureau (DDB) serving handicapped children since 1968, was selected by DDPC to develop the guide. Albuquerque Special Preschool is experienced in developing integrated preschool programs in New Mexico under the auspices of model demonstration funding through Handicapped Children's Early Education Project, U.S. Department of Education (1978-81), Special Education Programs, Washington, D.C. Securing Outreach funding in 1981-81, Albuquerque Special Preschool has provided training and technical assistance to other DDB community programs, regular preschools and/or day care centers serving developmentally disabled children in environments which include non-handicapped peers.

This guide is specifically targeted at New Mexico's earl childhood/special education community programs supported by DDB. Thes programs have many similarities, the large population of developmentall disabled children they serve and their ongoing commitment to interagenc coordination. the information may also be useful to independent regul preschool and daycare centers. However, organizational and financia structures delineated here may need modification.

Four mainstream models are proposed. They represent a hierarchy i levels of assistance ranging from professional assistance to develop an coordinate mainstream placements, to a training program for parents o handicapped preschoolers who want to facilitate mainstream placements fo their children. Each model is described in terms of personnel and thei reponsibilities required to establish and implement mainstream placements. An overview of financial and organizational considerations follows each model. Costs developed are based on current funding patterns. 1984-85, F 74 (New Mexico). In addition, several sections are appended to provid additional resources. These include a research summary, literature review, brief history of mainstreaming practices, considerations in selectin preschools and factors considered in selecting children for mainstrea placements.

The primary use of this guide will be its ability to serve as a framework for developing, expanding and maintaining mainstream placements for young developmentally disabled preschoolers. It is not a "step by step" guide and cannot be used as such. Its function is strictly to assist programs, professionals and parents in initiating their own mainstream services.

Literature Review

What is Mainstreaming?

The terms mainstreaming, integration, and least restrictive environment are often used interchangeably and are difficult to define. Generally these terms refer to a process whereby handicapped children participate in educational programs along with their nonhandicapped peers. Additionally, mainstreaming means providing experiences most likely to ensure that handicapped children can realize maximum potential for full participation in society and independence of functioning (Stafford & Rosen, 1981).

Why Mainstream?

Public Law 94-142 (1975), the Education of All Handicapped Children Act, specifically states that handicapped children must be served in the least restrictive environment. The doctrine of least restrictive enviornment assumes normal placement and makes other arrangements only when specific needs of the child cannot be met effectively within a regular setting. (Stafford and Rosen, 1981; Wofensberger, 1972).

Bucher (1978) maintained a social-ethical basis for integrating handicapped and nonhandicapped children; such interactions served to facilitate the acceptance of handicapped individuals within the mainstream of society.

The philosophical basis for mainstreaming emphasizes best educational practices. Handicapped children's needs are served within the normal/typical service delivery system rather than developing separate services (Vincent, Brown and Getz-Sheftel, 1981).

Research

Substantial research has been done on the efficacy of mainstreaming. However this research is still in its infancy. Most research supports the provision of integrated services even for the most severely handicapped young children (Guralnick and Paul-Brown, 1980). Novak, Olley, and Kearney (1980) found that handicapped children enrolled in an integrated setting were more similiar to nonhandicapped children in their social behavior than were children enrolled in a segregated class. Other research has generally shown that exposing handicapped children to models of age-appropriate language and social behavior can be particularly beneficial (Cooke, 1981).

Cooke, Ruskus, Peck, and Apolloni (1979) studied the effects of mainstreaming on nonhandicapped children. They observed that substantial progress occurred across a one year period for all groups of children as assessed by a variety of cognitive and developmental measures. Comparison between nonhandicapped children enrolled in integrated and nonintegrated settings revealed few differences, with the integrated nonhandicapped children faring slightly better.

A benefit of integration is that it can positively influence the attitudes of nonhandicapped children and their families toward handicapped people. Voeltz (1980) demonstrated that nonhandicapped children who were provided with an opportunity to interact with handicapped children in a regular school setting showed improved attitudes and more accurate perceptions of the abilities of handicapped children. Rosenberg (1980) reported that parents of children involved in mainstream programs supported not only the concept of mainstreaming but also the positive changes they saw in their children as a result of mainstreaming.

Research has shown, however, that simply placing handicapped children with their nonhandicapped peers does not guarantee interaction or accomplish the goals of mainstreaming (Dunlop, Stoneman, & Cantrell, 1980; Semmell, Gottlieb, & Robinson, 1979; Snyder, Apolloni, & Cooke, 1977). Several researchers have reported that mainstreaming has not resulted in significant educational and social growth in handicapped students (Budoff, & Gottlieb, 1976; Gottlieb, 1981; Gresham, 1982). Tawney (1981) identified past problems with mainstreaming. These included:

1. The inability of regular educators to develop appropriate programs.
2. The poor quality of training of regular educators.
3. Unplanned, wholesale transfer of students to the mainstream.
4. Negative attitudes held by regular educators toward handicapped children or those held by nonhandicapped children toward handicapped children.
5. Failure to provide relevant support to regular teachers.

Tawney cautions against mainstreaming citing educational goals as more important than the goal of social integration.

It is apparent that the mixed results and reactions to the concept of mainstreaming create a challenge to educators. Mori (1981) stresses that critical issues must be examined regardless of any personal commitment to mainstreaming. Researchers emphasize that the major issue educators need to address is how to mainstream young handicapped children successfully rather than whether or not to mainstream (Salend, 1984; Cooke, Rushus, Apolloni, & Peck, 1981). Specific attention must be paid to articulating specific guidelines and procedures for developing and implementing successful mainstreaming programs. Although the controversy over mainstreaming continues, increased frequency of mainstreaming practices and improved planning will certainly provide opportunities for continued development and thorough evaluation of the concept.

MAINSTREAMING LITERATURE REVIEW

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Teaching Research Special Education Department., Integration for Severely Handicapped Children and Youth., Teaching Research Infant and Child Center., Monmouth, Oregon, September, 1983, Vol 12(1).

Vincent, L.J., Brown, L., and Getz-Sheftel, M., Integrating handicapped and typical children during the preschool years: the definition of best educational practice., Topics in Early Childhood Special Eucation, April, 1981, 17-24.

Mainstream Consultant

A mainstream consultant is called for in each of the four models described in this guide. The success of the four models is contingent upon the mainstream consultant's ability to assume the varied responsibilities outlined. In addition to job requirements, it is clear that the consultant should possess management abilities, including communication, organization and coordination skills. For the sake of clarity the mainstream consultant's position will be described more fully.

First, the mainstream consultant must be familiar with the models which provide a framework for building a service delivery system. The models may need to be adapted to fit the needs of the population and community being served.

The consultant will perform a multipurpose role as researcher, planner and developer. Sufficient time for planning and visits to already existing programs should be provided. The consultant will need to feel comfortable communicating with both parents and professionals. The ability to develop training sequences and conduct this inservice training is critical. Knowledge of normal child development and special education techniques is essential. Additionally, s/he must be able to function as a member of a multi-disciplinary team, and consult with therapists, teachers and parents. Team teaching experience would be an asset.

A great deal of planning will be involved in the initial effort. The consultant may need to spend time publicizing the project in order to encourage parents and programs to participate. The mainstream consultant may need to make efforts to recruit regular daycare/preschool providers. Ideally, the consultant should attempt to involve programs that can demonstrate a continued commitment to serving handicapped children once their training has ceased.

The mainstream consultant will need to assume many roles and possess a variety of skills. While the responsibilities of the job are great, s/he will have opportunities to be independent and creative. The mainstream consultant role can be an excellent vehicle for an experienced teacher seeking to broaden his/her professional abilities while providing high quality services to handicapped children and their parents.

MODEL I

This model represents the greatest level of professional assistance to develop and maintain appropriate mainstream placements. The mainstream teacher/consultant, under the auspices of a DD community program, will arrange for the placement of handicapped children in licensed preschool or daycare centers in a designated area. Once these children have been placed, the mainstream teacher/consultant will seek ancillary services, if available, and develop individual program plans and offer consultative assistance to the extent possible. The mainstream teaher/consultant will assist in, or perform pre and post assessment of children and work with parents and public school officials, as necessary. Caseload will consist of 20 children. The minimal support level provided by the mainstream teacher/consultant would be six hours per month per child, if each of the children on the caseload were in separate centers. The amount of support would increase if more than one special needs child was enrolled per center. Training of the mainstream site staff should include the teacher, whose classroom includes a handicapped child, and at least one administrator from each center.

QUALIFICATIONS

Master's Degree in Early Childhood or Special Education. Preference would be given to those who have experience teaching or working with young handicapped and nonhandicapped children in an integrated setting. Experience as a master teacher/trainer helpful.

RESPONSIBILITIES

Mainstream teacher/consultant:

1. Initiate selection of children to be mainstreamed.
2. Select (with parents) mainstream sites.
3. Coordinate therapeutic services or consultation.
4. Assess training or technical assistance needs of mainstream site.
5. Reach agreement for delivering services which are needed.
6. Conduct initial child placement, and assist in developing individual program plans.
7. Provide support (e.g., technical assistance, team teaching), to mainstream sites.
8. Assist with or perform post assessment of children, and write final report of progress.
9. Coordinate transition to public schools, if appropriate.
10. Evaluate parent satisfaction with child's mainstream placement.

Mainstream site staff:

1. Complete needs assessment.
2. Participate in training program or team teaching format with mainstream consultant.
3. Provide time to meet with mainstream consultant, ancillary support staff, and parents, as needed.
4. Conduct initial child assessment and development of individual program plans, to the extent possible.
5. Provide time to meet with parents, as needed.
6. Assist with, or perform post assessment of children, and write final report of progress, to the extent possible.

SELECTION OF CHILDREN

Children will be selected according to the criteria listed below. The first item is critical to selecting children for this model, with the remainder carrying equal weight.

1. Children who are functioning developmentally within the 18 - 24 month range.
2. Children already enrolled in regular preschool or daycare centers, who have special education needs.
3. Children who are on waiting lists for community DD early childhood services.
4. Parents who prefer an all day program, and/or a neighborhood setting for their child.

COST FINDING - MODEL I

20 Handicapped Children in Mainstream Setting

Personnel

#	FTE		
1	1.0	Mainstream Teacher	17080
		Ancillary Services	
1	.25	S.T.	4270
1	.25	O.T.	4108
1	.10	Coordinator	1800
		Benefits @ 18%	4906
		Total	32164
		Rent	500
		Transportation	
		Client	12000
		Equipment	1000
		Administration @ 20%	9133
		Total	54797
		Cost per child	2740
		Tuition	22800
		Cost per child w/ tuition paid	3830

NARRATIVE

Budget - Model I

Personnel

Salaries of mainstream teacher and ancillary staff (occupational and speech therapists) are based on the teachers' and therapist's salary schedule of the Albuquerque Public Schools for 1984-85. Teacher and Speech therapist's salaries are figured at M.A. degree + 5 years experience. Occupational therapist's salary figured at B.A. degree + 15 hours + 5 years experience. Teacher salary is figured at higher rate due to training component in this model. Speech therapist salary is higher due to educational requirement of graduate degree.

Benefits

Benefits are figured at 18% based upon a survey of developmental disability community programs in New Mexico.

Rent

Rent is figured at $50 per month x 10 months for office space for mainstream teacher at DD community program.

Transportation

Based upon local transportation costs of $30 week per child x 40 weeks x 10 children = $12,000. It was estimated that approximately half of the families (10) would require transportation for their child. Eligibility for paid transportation services should be determined on a families income. A sliding scale could also be utilized.

Equipment

Equipment expenses are estimated at $1,000. This figure would be lower in subsequent years.

Administration

Administrative costs include training materials, printing, phone, secretarial time, transportation arrangements, local transportation, etc. Administrative costs are necessary to maintain mainstream placements.

Tuition

Tuition is figured for the mainstreamed children based upon a survey of 14 preschool/day care centers in the greater Albuquerque area which accept handicapped children. Average cost is $114/mo for half-day program (see attached summary - range $86 - $150/mo, 5 days per week). If tuition is paid, cost would be $22,800. ($114/mo x 10 mos. x 20 children). DD community programs may opt to apply tuition sliding scale to determine eligibility for tuition payment.

MODEL II

This model utilizes a mainstream consultant, under the auspices of a DD community program. She/he will be responsible to target two groups, regular daycare and preschool providers and handicapped preschoolers who will be mainstreamed in these settings. Selection of the center's shall occur to ensure as high a quality center as possible. The caseload will consist of 25 children.

Once the handicapped child has been placed, the mainstream consultant will assess the training and technical assistance needs of the mainstream site staff. Training will include opportunities to acquire skills in assessment and individual program planning, in order to facilitate the use of these special education components in the regular setting.

The primary difference between this model and model I is the increased reliance on regular daycare/preschool staff to assess, develop, and implement individualized educational programs. This will be facilitated by the use of the mainstream consultants provision of training workshops. For this model it is desirable for center's to enroll more than one special needs child in order to decrease the number of sites.

QUALIFICATIONS OF MAINSTREAM CONSULTANT:

Bachelor's Degree in Early Childhood or Special Education or related field, with a minimum of one year of experience teaching or working with young handicapped and non-handicapped children in an integrated setting. Experience as a master teacher/trainer helpful.

RESPONSIBILITIES:

Mainstream Consultant:

1. Initiate selection of children to be mainstreamed.
2. Assist parents in selection of mainstream sites.
3. Assess training or technical assistance needs of mainstream site staff.
4. Develop a format for providing training and technical assistance (eg. workshop, on site technical assistance, etc.).
5. Provide training and technical assistance.
6. Serve as a case manager to center and parents, to assist in obtaining additional therapeutic services and other resources.
7. Conduct periodic evaluation to ensure successful placement.

Mainstream site staff:

1. Complete needs assessment, provided by mainstream consultant.
2. Participate in training program developed by mainstream consultant.
3. Provide time to meet with parents, as needed.

SELECTION OF CHILDREN

Children will be selected according to the criteria listed below. The first two items are critical to selecting children for this model, with the remainder carrying equal weight.

1. Children whose diagnostic evaluation findings do not indicate specific need for ancillary services.
2. Children who are functioning developmentally, within the 18 - 24 month range.
3. Children already enrolled in regular preschool or daycare centers who have special education needs.
4. Children who are on waiting lists for community DD early childhood services.
5. Parents who prefer an all day program, and/or a neighborhood setting for their child.

COST FINDING - MODEL II

25 Handicapped Children in Mainstream Setting

#	FTE				
		Personnel			
1	1.0	Mainstream Consultant		17080	(180 - 210 days)
1	.10	Coordinator		1800	
		Benefits @ 18%		3398	
			Total	22278	
		Rent		600	
		Transportation Client		18000	
		Equipment		1250	
		Administration		8426	
			Total	50554	
			Cost per Child	2022	
		Tuition			
			Cost per child w/ tuition paid	3162	

NARRATIVE

Budget - Model II

Personnel

Salary of mainstream consultant is based on the Albuquerque Public School's Teacher Salary Schedule for 1984-85 (M.A. degree + 5 years experience). The coordinator's (.10 FTE) salary (2 aides @ .50 FTE) is based on a survey of New Mexico early childhood/special education programs.

Benefits

Benefits are figured at 18% based upon a survey of developmental disability (D.D.) community programs in New Mexico.

Rent

Rent is figured at $60 per month x 10 months for office space for mainstream consultant at DD community program.

Transportation

Based upon local transportation costs of $30 a week per child x 40 weeks x 15 children = $18,000. It was estimated that 60% of the families would require transportation for their child. Eligibility for paid transportation services should be determined on a families income. A sliding scale could also be utilized.

Equipment

Equipment expenses are estimated at $1250. This figure would be lower in subsequent years.

Administration

Administrative costs include training materials, printing, phone, secretarial time, transportation arrangements, local transportation, etc. Administrative costs are necessary to maintain mainstream placements.

Tuition

Tuition is figured for the mainstreamed children based upon a survey of 14 preschool/day care centers in the greater Albuquerque area which accept handicapped children. Average cost is $114 a month for a half-day program, 5 days per week. If tuition is paid for 25 children the cost would be $28,500. ($114 mo x 10 mos x 25 children). DD community programs may opt to apply a tuition sliding scale to determine eligibility for full or partial tuition payment.

MODEL III

This model is designed for a traditional special education program interested in enrolling nonhandicapped students. It is modeled after the Albuquerque Special Preschool's Project AIM (Albuquerque Integration Model), whereby handicapped and nonhandicapped children between the ages of 2-5 years are integrated in classrooms where the ratios of handicapped to nonhandicapped vary. This provides a progression of most to least restrictive environment options for the placement of handicapped students. Project AIM has developed three levels of integration. For the purposes of this guide, only Level I will be discussed.

Level I - 1:1 ratio (handicapped to nonhandicapped), 10 - 12 children total. Single teaching approach.

QUALIFICATIONS

Bachelor's or Master's Degree in Special Education, Early Childhood or Elementary Education, with certification in Special Education desirable. Experience in working with or teaching preschool or young elementary handicapped children helpful. The ability to work closely with parents and therapeutic professionals or multidisciplinary team is necessary.

RESPONSIBILITIES

1. Perform initial child assessment of ability in all developmental areas within 45 days of enrollment.
2. Serve as team leader in developing an individual educational plan (IEP) for each handicapped child, in conjunction with multidisciplinary team members.
3. Keep data on handicapped child progress related to IEP goals.
4. Conference regularly with parents regarding assessments, child progress and for purposes of updating IEP's.

5. Prepare written daily schedule and weekly activities for all children which facilitate the implementation of objectives to meet IEP goals.
6. Participate in monthly team meetings to assess child progress and plan classroom activities to implement therapeutic goals.
7. Record parent contacts and other significant information regarding child progress, health, etc.
8. Conduct post assessment of child progress in May (or end of school year, or upon termination).

SELECTION OF CHILDREN

Children will be selected according to the criteria listed below. All items carry equal weight.

1. Child's score on the Criteria Checklist developed by the Albuquerque Special Preschool. (See Checklist in Appendix).
2. Parents' who prefer an integrated program for their child.
3. At the time of appraisal and review of a child's placement, multi-disciplinary team recommends integrated program.

COST FINDING - MODEL III**

One half-day class, 6 handicapped, 6 nonhandicapped children

#	FTE	Personnel	
1	.50	Special Education/ Early Childhood Teacher	8215
1	.50	Classroom Aide	5000
2	.20	Ancilliary Services	6572
1	.10	Coordinator	1800
		Benefits @ 18%	3856
		Total	25443
		Operational	1100
		Rent	1600
		Transportation	3600
		Administration @ 15%	4761
		Total	36504
		Cost per child (6)	6084

**Start-up costs would be higher

Nonhandicapped children's expenses would be payed for by tuition.

NARRATIVE

Budget - Model III

Personnel

Salaries of special education/early childhood teacher and ancilliary staff (occupational and speech therapists) are based on the teachers' and therapist salary schedule of the Albuquerque Public Schools for 1984-85. (B.A. degree + 15 hours + 5 years experience). Aide and Coordinator salaries are based upon information gathered from DD early childhood community programs.

Benefits

Benefits are figured at 18% based upon survey of DD community programs.

Operational

Operational expenses include educational supplies and food. Food is estimated at $600 for six children for 10 months. Educational supplies are budgeted at $500 year.

Rent

Calculated at $1600 per year for half-day class. Based upon survey range of no cost to $196 per child per year.

Transportation

Based upon local transportation costs of $30 week per child x 40 weeks x 3 children. It was estimated that 3 families would require transportation for their children. Criteria will be established in order to determine eligibility for transportation services.

Administration

Administrative costs reflect 15% of the budget. This was based on DD Bureau figures.

MODEL IV

This model focuses on the training of parents as case managers and advocates for their young handicapped child. Children who are on waiting lists for an early childhood/special education program, or who are underserved, will benefit from this model.

A mainstream consultant/trainer will assess parent's skills and develop a training sequence based upon their needs. A speech and occupational therapist would also be available for training purposes.

Instruction in the following topics would be included:

1. How to be a case manager for your child.
2. How to be an advocate for your child.
3. How to select a daycare center/preschool for your child.
4. How to communicate effectively with professionals and others involved with your child.
5. How to make the most use of exisiting community resources.
6. How to enhance motor and/or language development at school and home.
7. What is an IPP?

It is estimated that the preparation time and subsequent training would take 15 days based upon the topics selected. This curriculum would be available three times a year to a maximum of 12 parents each training session.

Regular preschool/day care providers would be invited to participate in appropriate aspects of this training (i.e. numbers 4 & 6 above). All participants would be certified upon completion of the course. Follow-up of parents by the mainstream consultant has been included and is considered critical to the success of this model.

The model is planned to use the least amount of professional assistance to develop and maintain appropriate mainstream placements. Although this model does not include the pre and post testing of children nor IPP development, the training should help parents encourage the inclusion of certain educational and therapeutic goals with in the non-speech education setting. Training of regular providers should help them better understand these goals.

This model could also be implemented with Models I and II to afford a more comprehensive approach to mainstreaming young handicapped children.

COST FINDING - MODEL IV

Parent Training

#	FTE		
		Personnel	
1	.25	Mainstream Consultant/Trainer	4270
1	.05	Speech Therapist	854
1	.05	Occupational Therapist	821
		Benefits @ 18%	1071
		Total	7016
		Travel	330
		Professional Fees	
		Consultants	600
		Child Care	2700
		Printing	500
		Supplies	600
		Postage	150
		Rent	250
		Telephone	400
		Total	12546
		Cost per child	348

NARRATIVE

Budget - Model IV

Personnel

Salaries of mainstream consultant/trainer and ancilliary staff (occupational and speech therapist) are based on the 1984-85 Albuquerque Public School's salary sschedule. Mainstream consultant and speech therapist's salaries are figured at M.A. degree + 5 years experience. Occupational therapist's salary is figured at B.A. degree + 15 hours + 5 years experience. Mainstream consultant salary is figured at master's level due to training component in this model. Speech therapist salary is higher due to educational requirement of graduate degree.

Benefits

Benefits are figured at 18% based upon a survey of DD community programs in New Mexico.

Travel

Mileage expenses in pursuit of training activities have been based on allowable mileage figures from the State of New Mexico. 150 miles per month @ .22/mile x 10 months. Mileage costs would be higher in rural areas if programs opted to reimburse parents traveling long distances to attend training.

Professional Fees

Consultants - it is expected that two consultants would be used to present on pertinent topics, as determined by the needs assessment, per training session.

2 consultants x $100 per day x 3 training sessions = $600

Child Care - Childcare costs for parents attending training have been estimated at:

$10 per day x 12 children x 7.5 days training x 3 sessions = $2700

Printing

Printing expenses have been estimated to cover the cost of training packets and materials for each participant. Flyers announcing training and needs assessment are also covered under this category.

Supplies

Supply expenses are estimated at $60 per month x 10 months.

Postage

Postage has been figured at $50 per training session (3).

Rent

It is desirable that a community program donate the space for the mainstream consultant to coordinate this model. However it is expected that meeting space for the training would have to be paid for.

Telephone

Estimated at $40 per month x 10 months.

SUMMARY

Making Placement Decisions for Developmentally Delayed Preschool Children

Deborah L. Harrington

Gail C. Beam

When an early intervention program offers a variety of preschool classes to a population of children with varied developmental delays, placement of these children in the most appropriate classes is a difficult and important task. All too often, the placement decision hinges on developmental tests which provide rather gross summarizing scores and fail to account for slow or variable rates of growth of some handicapped children. Further, there are serious shortcomings in the construction, as well as the application of many such developmental assessment measures. Often the norms of standardized instruments have been derived from the performance of nonhandicapped children and, consequently, may be biased when applied to handicapped individuals. In addition, a particular handicap, such as a motor delay, may interfere with performance in other areas, such as social behavior, thereby lowering the overall index of developmental growth. Secondly, many instruments developed for preschool aged children lack the necessary reliability and validity studies or are intended to be administered by a speech therapist or occupational therapist.

In response to these shortcomings of many developmental instruments, the staff at the Albuquerque Special Preschool developed an instrument entitled, "Criteria for Integrating/Mainstreaming Handicapped Children". The Criteria Checklist measures the variab ility in which a child displays a particular skill or behavior and assesses skills considered important in the placement process that other instruments neglect. Via a system of weighting each item, the relative importance among skills to progressing well in an integrated class is considered.

The inter-rater reliability on the Checklist is quite high, alpha = .97. This indicates that the teachers, speech/language pathologist and occupational therapist were in high agreement about the total scores on the Checklist. Thus, one advantage of the Criteria Checklist over many development instruments is that it is developed such that a teacher, speech-language pathologist and occupational therapist can administer the instrument. An item analysis indicated that each of the 32 items on the Checklist significantly discriminated between children who scored in the lowest and highest 25th percentile on the Checklist.

The Criteria Checklist correlates approximately .80 with the Alpern-Boll Developmental Profile, the Learning Accomplishment Profile (LAP), and the Westby Symbolic Play Scale. This demonstrates that the Checklist has moderately high concurrent validity. However, the fact that these correlations are not perfect indicates that the Checklist also measures something unique to the other three instruments.

Presently the Preschool is involved in establishing predictive validity on the Criteria Checklist. Secondly, when enough data is available on the Checklist, the instrument will be factor analyzed to identify underlying dimensions or scales. This should provide professionals with a better idea of the general skills that are considered to be important in placing children in nonintegrated and integrated (with different ratios of handicapped to nonhandicapped) classrooms.

At the Albuquerque Special Preschool the need to objectify and sensitize the placement process became apparent as a model was developed to integrate young handicapped and nonhandicapped children. Placement options currently include Toddler classes for the two and three year olds, and either a traditional special education class or an integrated program for children from three to five. The intervention is developmentally based and a team approach is used to plan and deliver educational and therapeutic services. Team members include special or early childhood educators, speech and occupational therapists, parents and classroom aides. At regular meetings, children's placements are continually evaluated for the purpose of [illegible]ding classes for the future.

The placement process at the Preschool is being analyzed, with an eye toward its applicability for other programs. While some programs may not have a multi-disciplinary professional staff, many of the components of the placement process may still remain relevant.

The purpose of the research on placement process has been to add objectivity. This component became important since the desirability of intervention in the least possible restrictive environment has led many parents and staff members to prefer integrated class placement. Yet, our experience and research suggests that for some handicapped children a more traditional special needs class is more appropriate than an integrated setting. Although a program may be committed to including nonhandicapped peers in the early education of exceptional children whenever possible, the need for exposure to normal peers may not be the overriding concern in determining the appropriateness of integrated class placement.

The placement process was objectified by utilizing four instruments (the Checklist, the Alpern-Boll, the LAP, and the Westby) to make placement decisions. A discriminant analysis with classification was employed to evaluate empirically the success of this battery of tests in discriminating between handicapped children who are in integrated and nonintegrated classroom placements. This analysis indicated that the Checklist and the LAP significantly discriminated between placement groups and that 93 percent of the children were correctly identified (placed) on the basis of their scores in these instruments. A post hoc analysis of the data revealed that placement decisions for the two incorrectly classifed children were not made on the basis of the test battery.

Presently, the Preschool staff is revising the Checklist so as to include additional criteria that are employed in making classroom placement decisions. Guidelines for classroom placement decisions based on scores on the Checklist and the LAP will then be established. Empirical findings from future classicfication analyses will be compared to professionals' judgements and parental judgements of the success of a particular placement. This will provide a measure of the external validity of this process.

A second aspect of describing the placement process is to describe the focus of various classroom settings and relate it to the primary goals that are established for each child at the beginning of the school year. Presumably, primary goals for a child should be related to classroom placement. This information will provide other early childhood intervention programs with a description of the various classroom structures beyond the fact that some are integrated or nonintegrated. In turn, the guidelines for making placement decisions will be contingent on placements that meet the described goals and classroom structure.

Guide to Completing Criteria Checklist

(Criteria for Integrating/Mainstreaming Handicapped Children)

by Debbie Maier, M.S.

Albuquerque Special Preschool

I. Administration and Scoring:

The Criteria for Integrating/Mainstreaming Handicapped Children contains 32 items. Each statement has been weighted (1-6) with 1 being the least important and 6 most important. In addition, each item is scored on a continuum from 0 - 4, indicating the extent to which the child has mastered a skill, or the amount of time a skill is exhibited. The specific scoring criteria are explained below.

General Instructions:

1. Place a check in the appropriate column for EACH statement. If the child is not given the opportunity to demonstrate the skill or behavior, answer the question to the best of your knowledge of the child's ability.
2. Do NOT look at each statement as an indication of a child's appropriateness for integration. The total score of the checklist will be reviewed. No ONE statement would be used to decide a child's placement.
3. After checking each item, total the points in each of the five columns by adding the numbers located in the upper right hand corner of each box that has been checked Indicate this number where it specifies "total points." Add these five columns together and enter a total weighted score.

Items 1 through 27 should be scored according to how often the particular behavior is observed in the classroom.

0 - Indicates that the child does NOT exhibit this behavior.

1 - Indicates that the child exhibits the behavior infrequently (20-30% of the time).

2 - Indicates that the child exhibits this behavior occasionally (40-60% of the time).

3 - Indicates that the child exhibits this behavior often (65-80% of the time).

4 - Indicates that the child consistently exhibits or has mastered this behavior (85-100%
of the time)

II. Item Explanation

1. Child attends school. Explanation: Answer this question according to the percentage of time the child is physically present in the classroom.
2. Child initiates simple actions at appropriate time during class routine. Explanation: Simple actions might include: bringing chair to group, washing hands before snack, cleaning table after snack. Teacher may direct the child verbally but does not need to prompt the child physically. On this item, the variety of actions performed should be considered.
3. Child engages in parallel play. Explanation: The child plays with toys that are similiar to those that other children are using. In short, the child plays beside, rather than with, other children.

4. Child engages in interactive play. Explanation: The child plays with other children. The child touches an object in common with another child and exchanges objects. The child engages in verbal communication during play with another child.

5. Child understands taking turns. Explanation: Examples of taking turns might include: passing toy/object/picture to another child at group time, sitting and waiting during group time until name is called, or responds to "Whose turn is it?".

6. Child shares toys and belongings. Explanation: Examples of sharing behaviors might include: playing with other children without fighting or offering toys, etc. to other children during interactive play. (This would not include a child's merely being passive when a toy is taken away.)

7. Child's communicative behaviors are meaningful and appropriate with a specific intent. Explanation: Child does not engage in repetitive, random utterances. Rather, the child demonstrates communicative behaviors for specific purposes such as requesting, greeting, questioning, commenting, and labeling.

8. Child uses a twenty word vocabulary. Explanation: Child has a repetoire of at least twenty words which he/she uses frequently in the classroom. "Uses" is the key word in this item. Some children may indeed have been observed to utter twenty different word at some time, but may not have a functional vocabulary of twenty words which they use frequently.

9. Child engages in small group games. Explanation: Examples of small group games are: Ring-Around-The-Rosey; London Bridge; Button-Button, Who's Got the Button?; Duck-Duck Goose. On this item, the complexity and variety of games a child is able to participa in should be considered.

10. Other children respond positively to this child. Explanation: Child's actions and demeanor encourage other children to communicate, play, and interact with him or her.

11. Child can follow simple directions. Explanation: Examples of simple directions might include: pointing to objects, food, or persons when requested; carrying out commands such as, "get the ball, go outside, or look at the book."

12. Child requires little adult attention due to disruptive behavior. Explanation: A score of four would indicate that the child almost never needs adult intervention because of behavior. A score of 0 or 1 would indicate that a child is in constant need of adult intervention due to disruptive behavior.

13. Child provides self with sensory input be exhibiting an interest in people, events, and objects rather than focusing on inappropriate, self-stimulating behaviors. Explanation This item looks at a child's ability to interact with his/her environment through purposeful play, eye contact with others, active attending to happenings in room, physical or communicative contact with others.

14. Child participates actively in large group. Explanation: Child stays in large group of six to twenty children, and listens well or contributes.

15. Child participates in and focuses on self-selection activities. Explanation: Self-selection is a time in which the child is free to choose from a variety of materials and activities provided in the room. During self-selection a child makes an active choice as to how he/she wants to be involved. This selection of activities or toys differs from when the young child chooses toys on the basis of physical proximity.

16. Child can attend to a teacher-directed task in a small group. Explanation: Child stays in a teacher-directed task in a small group.

17. Child shows an interest in what another child is saying. Explanation: Child may respond with actions to another child's verbal directions, or a child may respond with a verbal statement indicating he/she understood what another child has said.

18. Child initiates play with other children. Explanation: Child can initiate play by asking another child to join him in play, "Let's play cars." A child can also initiate play by assigning roles or tasks to another child, "You be the mommy, and put the baby in the car." Nonverbally, a child can initiate play by taking a child by the hand and leading him to the play area or by offering a child a toy similiar to his own.

19. Child demonstrates ability to apply new or previously learned information to a variety of situations. Explanation: Child has the ability to take information learned in one setting and apply it to other situations. Examples: Child learns the concept of "big" as applied to balls, and is then able to use "big" to describe a wide variety of objects. Child learns to use to toilet at school and then is able to use it during field trips or in other places.

20. Child seeks adult attention at appropriate times and in appropriate situations. Explanation: Examples of this might include: seeking adult assistance to operate a toy or overcome an obstacle to participation in an activity, i.e. opening a jar of paste or putting on a record. Child also seeks adult attention to have physical, social and emotional needs met in an appropriate manner.

21. Child uses WH quesitons to gain information about his/her environment. Explanation: Child uses the folowing types of WH questions; what, where, who, when, and why.

22. Child demonstrates reasoning abilities by responding appropriately to WHY, HOW, or WHAT IF questions. Explanation: Examples of these types of questions might include; "Why do we wear a hat when its cold outside?, How do you make cookies?, What would happen to the pile of blocks if I took the bottom one away?"

23. Child is able to acquire new skills through imitation, i.e. speech, gross or fine motor movements. Explanation: This item examines a child's ability to see a modeled behavior and immediately imitate that behavior with a reasonable degree of accuracy.

24. Child displays well-coordinated fine and gross motor movement in classroom and outdoors. Explanation: Child is able to maintain balance over a variety of surfaces. The child can utilize playground equipment with minimal supervision. Child also demonstrates control of pencil and other writing implements.

25. Child tolerates tactile input well. Explanation: Child participates in sand or water play, finger painting, etc. and does not avoid physical contact.

26. Child tolerates movement in space well. Explanation: Child enjoys being picked up and moved around by an adult. Child utilizes moving playground equipment such as swings.

27. Child displays a variety of visual/perceptual skills. Explanation: Examples might include putting together puzzles, reproducing drawn shapes and letters, and reproducing block designs.

The next five items (#28-32) should be scored according to how well a child demonstrates mastery of a particular skill. Check the appropriate column (0 - 4) for each statement, indicating the extent to which the child has mastered the skill.

0 - skill is not observed

1 - child demonstrates some prerequisite skills or an interest in learning the skill

2 - child can perform isolated tasks associated with the skill

3 - child demonstrates skill although skill may not be well coordinated or observed consistently

4 - child has mastered skill

---

28. Child is toilet trained. Mastery = child initiates all toileting needs and requires no assistance.

29. Child eats independently. Mastery = child has acquired use of utensils and cup with no spilling.

30. Child engages in pretend play in connected sequences. Mastery = child represents play events such as housekeeping or grocery shopping in a series of logical sequences i.e. child mixes cake, bakes it, sets table, and eats cake.

31. Child dresses independently. Mastery = child can take off and put on all articles of clothing and do simple fasteners.

32. Child walks independently. Mastery = child walks in an adult-like manner with reciprocal arm swing, maintaining balance.

Criteria for Integrating/Mainstreaming Handicapped Children

Child's Name ______________________ C.A. (Express in months) ______________________

Evaluator ______________________ Date ______________________

The Criteria for Integrating/Mainstreaming Handicapped Children contains 32 items. Each statement has been weighted (1-6) with 1 being the least important and 6 most important. In addition, each item is scored on a continuum from 0 - 4, indicating the extent to which the child has mastered a skill, or the amount of time a skill is exhibited. The specific scoring criteria are explained below.

General Instructions:

1. Place a check in the appropriate column for EACH statement. If the child is not given the opportunity to demonstrate the skill or behavior, answer the question to the best of your knowledge of the child's ability.

2. Do NOT look at each statement as an indication of a child's appropriateness for integration. The total score of the checklist will be reviewed. No ONE statement would be used to decide a child's placement.

3. After checking each item, total the points in each of the five columns by adding the numbers located in the upper right hand corner of each box that has been checked. Indicate this number where it specifies "total points." Add these five columns together and enter a total weighted score.

Items 1 through 27 should be scored according to how often the particular behavior is observed in the classroom.

0 - Indicates that the child does NOT exhibit this behavior.

1 - Indicates that the child exhibits the behavior infrequently (20-30% of the time).

2 - Indicates that the child exhibits this behavior occasionally (40-60% of the time).

3 - Indicates that the child exhibits this behavior often (65-80% of the time).

4 - Indicates that the child consistently exhibits or has mastered this behavior (85-100% of the time).

The next last items (#28-32) should be scored according to how well a child demonstrates mastery of a particular skill. Check the appropriate column (0 - 4) for each statement, indicating the extent to which the child has mastered the skill.

0 - skill is not observed

1 - child demonstrates some prerequisite skills or an interest in learning the skill

2 - child can perform isolated tasks associated with the skill

3 - child demonstrates skill although skill may not be well coordinated or observed consistently

4 - child has mastered skill

Child's Name ____________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill 0 Not at all 0%	 1 Infrequently 20-30%	 2 Occasionally 40-60%	 3 Often 65-80%	 4 Consistently 85-100%
1	3	Child attends school	0	3	6	9	12
2	5	Child initiates simple actions at appropriate time during class routine	0	5	10	15	20
3	4	Child engages in parallel play	0	4	8	12	16
4	2	Child engages in interactive play	0	2	4	6	8
5	3	Child understands taking turns	0	3	6	9	12
6	3	Child shares toys/belongings	0	3	6	9	12
7	3	Child's communicative behaviors are meaningful and appropriate with a specific intent (not repetitive, random utterances)	0	3	6	9	12
8	5	Child uses 20 word vocabulary (expressive language)	0	5	10	15	20
9	3	Child engages in small group games	0	3	6	9	12
10	2	Other children respond positively to this child	0	2	4	6	[illegible]
11	4	Child can follow simple directions	0	4	8	12	16
12	6	Child requires little adult attention due to disruptive behavior	0	6	12	[illegible]	[illegible]

Child's Name ____________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Consistently 85-100%
13	3	Child provides self with sensory input by exhibiting an interest in people, events, and objects rather than focusing on inappropriate self-stimulating behaviors	0	3	6	9	12
14	3	Child participates actively in large group (attends, listens, or contributes)	0	3	6	9	12
15	6	Child participates in and focuses on self-selection activities	0	6	12	18	24
16	4	Child can attend to teacher-directed task in a small group	0	4	8	12	16
17	4	Child shows an interest in what another child is saying	0	4	8	12	16
18	3	Child initiates play with other children	0	3	6	9	12
19	4	Child can retrieve previously learned information consistently	0	4	8	12	16
20	3	Child seeks adult attention at appropriate times and in appropriate situations	0	3	6	9	12
21	1	Child uses WH questions to gain information about his or her environment	0	1	2	3	4
22	1	Child demonstrates reasoning abilities by responding appropriately to WHY, HOW, or WHAT IF questions	0	1	2	3	4
23	5	Child is able to acquire new skills through imitation, i.e. speech, gross or fine motor movements	0	5	10	15	20

Child's Name ______________________

Item Number	Weight Factor	Skill/Behavior	Measure of how often child exhibits the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Consistently 85-100
24	1	Child displays well-coordinated movement in classroom and outdoors	0	1	2	3	4
25	1	Child tolerates tactile input well	0	1	2	3	4
26	1	Child tolerates movement in space well	0	1	2	3	4
27	2	Child displays a variety of visual/perceptual skills	0	2	4	6	8
			Measure of extent to which child has the skill				
			0 Not at all 0%	1 Infrequently 20-30%	2 Occasionally 40-60%	3 Often 65-80%	4 Mastery 85-100%
28	3	Child is toilet trained	0	3	6	9	12
29	3	Child eats independently	0	3	6	9	12
30	6	Child engages in pretend play in connected sequences (symbolic representation)	0	6	12	18	24
31	2	Child dresses independently	0	2	4	6	8
32	1	Child walks independently with reciprocal arm swing	0	1	2	3	4
		TOTAL POINTS (Add all points in each column)					
			TOTAL WEIGHTED SCORE (Add all columns together)				

1. Based on this child's scores on the Checklist, and other developmental assessments, which classroom placement is most appropriate? Why?

____

____

____

____

2. What are the parent's desires for this child's placement? Why?

   a. Non-integrated: ____

   b. Integrated: ____

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Criteria for Integrating Handicapped Children from the Waiting List

This is a modified form of the Criteria Checklist for Integrating Handicapped Children. It is intended to be used primarily as a format for discussion between team members to determine the appropriateness of integration for a child on the Waiting List. Answers to these questions should be based on information from the parents and observation of the child in the classroom by team members.

Based on information obtained from the child's parents and observation in the classroom answer the following questions. Circle the number in the appropriate column.

	Yes	No
Is the child toilet trained?	3	0
Does the child eat independently?	3	0
Does child walk independently with reciprocal arm swing?	1	0
Does child dress independently?	2	0
Did child show an interest in other children in the classroom?	4	0
Did child participate in pretend play?	6	0
Did the child follow simple directions?	4	0
Was the child disruptive?	0	6
Were the child's communicative behaviors meaningful and appropriate?	3	0
Did child participate actively in group?	3	0
Does the child display well coordinated movements in the classroom?	1	0
Did child exhibit any inappropriate self-stimulating behaviors?	0	3

_____ + _____ = _____
TOTAL

Is this child's medical condition stable (i.e. seizure and medication under control)?

Has this child ever attended a preschool program or been enrolled in therapy?

What is this child's overall developmental level based on the most recent diagnostic information? When was the evaluation completed?

What is this child's average Alpern-Boll score? How does it compare to the other children enrolled in the integrated classrooms?

What type of goals would you recommend for this child?

What are the parents goals for this child?

Are there any other considerations pertinent to placement?

Considering all of the information you have on this child, is integration appropriate?

Check one:

Individual (

Agency (

ALBUQUERQUE SPECIAL PRESCHOOL

Mainstream Needs Assessment

This survey has been developed for preschool and day care providers who serve young children with special needs in their regular classroom setting. Your answers will assist us in providing workshops, consultation or literature that best meets your needs.

EMPLOYER ____

POSITION ____

HOW MANY YEARS HAVE YOU WORKED WITH YOUNG CHILDREN? ______________

WHAT EXPERIENCE HAVE YOU HAD WITH YOUNG SPECIAL NEEDS (HANDICAPPED) CHILDREN?

____

____

____

Considering the time you have available for workshops or training, how best do you like to receive information?

		Write in time available for those you checked:
Workshops	__________	__________
Small group Discussions	__________	__________
Team Teaching & consultation with Albuquerque Special Preschool teacher	__________	__________
Site visit & consultation at Albuquerque Special Preschool	__________	__________
Site visits & consultations at your center	__________	__________
Literature	__________	__________

Please circle the topics and the time that most closely represents your area of need:

I. TEACHING TECHNIQUES

A. Learning the advantages of combining handicapped and non-handicapped children in the same learning environment. 0 30min 1½hrs

B. Setting up ways to help handicapped and non-handicapped children learn together. 0 30min 1½hrs

C. Learning how to deal with the questions and concerns that non-handicapped children may have about handicapped children. 0 30min 1½hrs ½

D. Learning about equipment/materials that encourage interaction between handicapped and non-handicapped children. 0 30min 1½hrs ½

E. Providing an environment for children to develop social/play skills. 0 30min 1½hrs ½

F. Managing children's behavior consistently and setting clear expectations. 0 30min 1½hrs ½

2. LANGUAGE AND MOTOR DEVELOPMENT/BODY MOVEMENTS

A. Classroom activities to stimulate physical growth. 0 30min 1½hrs ½

B. Activities to stimulate language development. 0 30min 1½hrs ½

C. Normal speech and language development in children. 0 30min 1½hrs ½

D. Normal physical development in children. 0 30min 1½hrs ½

3. WORKING WITH PARENTS

A. Answering parents questions about handicapped children in the regular classroom. 0 30min 1½hrs ½

B. Providing emotional support and assistance to parents. 0 30min 1½hrs ½

C. Conferencing with parents. 0 30min 1½hrs ½

D. Knowing where (and when) to refer parents who have questions about their child's development. 0 30min 1½hrs ½

4. OVERVIEW OF HANDICAPPING CONDITIONS

A. Medical causes of handicapping conditions such as Down Syndrome, cerebral palsy, etc. (If there is a particular condition about which you would like to know more, please write in here ________________.) 0 30min 1½hrs ½

B. Medical problems resulting from specific handicapping conditions. 0 30min 1½hrs

If you would like more information about a topic not listed, please indicate here:

____

HOW MUCH TOTAL TIME DO YOU HAVE AVAILABLE FOR WORKSHOPS OR SMALL GROUP DISCUSSIONS?

____

Criteria for Integrating Handicapped Children from the Waiting List

This is a modified form of the Criteria Checklist for Integrating Handicapped Children. It is intended to be used primarily as a format for discussion between team members to determine the appropriateness of integration for a child on the Waiting List. Answers to these questions should be based on information from the parents and observation of the child in the classroom by team members.

Based on information obtained from the child's parents and observation in the classroom answer the following questions. Circle the number in the appropriate column.

	Yes	No
Is the child toilet trained?	3	0
Does the child eat independently?	3	0
Does child walk independently with reciprocal arm swing?	1	0
Does child dress independently?	2	0
Did child show an interest in other children in the classroom?	4	0
Did child participate in pretend play?	6	0
Did the child follow simple directions?	4	0
Was the child disruptive?	0	6
Were the child's communicative behaviors meaningful and appropriate?	3	0
Did child participate actively in group?	3	0
Does the child display well coordinated movements in the classroom?	1	0
Did child exhibit any inappropriate self-stimulating behaviors?	0	3
	______	______

+ TOTAL ____

Is this child's medical condition stable (i.e. seizure and medication under control)?